



POLICY BRIEF

Accelerating Fertility Decline to Trigger the Demographic Dividend in Rwanda

October 2017

KEY MESSAGES

- Accelerating fertility decline from the current level of 4.2 births per woman will lower the dependency burden and open the window of opportunity for the country to harness the demographic dividend.
- Rwanda can build on its exceptional success in reducing birth rates between 2005 and 2010 with a focus on:
 - i. Improving quality, outreach and impact of family planning services by increasing uptake of long-acting contraceptives and reaching young people.
 - ii. Keeping girls in school by improving progression to secondary school, and ensuring universal access to age-appropriate sexuality education and contraception.
 - iii. Stepping up interventions to reduce child mortality with a focus on reducing new-born mortality.

CONTEXT

Rwanda's fertility rate declined slowly up to 2005 when the country initiated one of the fastest fertility declines in human history over a five year period. The total fertility rate fell markedly from 6.3 to 4.6 children per woman between 2005 and 2010, buoyed by an impressive increase in contraceptive use. However, the rate of decline decelerated between 2010 and 2015, with the fertility rate dropping by less than half a child to 4.2 births per woman¹. The infant mortality rate declined from 86 per 1000 live births to 32 per 1000 live births, while under five mortality rate declined from 152 to 50 deaths per 1,000 live births between 2005 and 2015.

The longstanding gap between birth and death rates has led to rapid population growth, with the population size more than doubling from 4.8 million to 10.5 million people between 1978 and 2012². The population is projected to reach 23 million by 2050 and 27 million by 2070³ even if birth rates continue to decline. With about 40% of the population being below 15 years, the country harbours high child dependency burden, which is a major bottleneck to the attainment of its long term development goals. High fertility increases the costs of taking care of children and undermines capacity of

families and governments to save and invest for the future.

A rapid decline in the total fertility rate will change Rwanda's age structure to one with more working age people and open a window of opportunity for accelerated economic growth called the Demographic Dividend (DD)⁴. Countries can enhance the magnitude of the DD if the fertility decline is accompanied by sustained investments in education and skills development, health, job creation and good governance. This brief highlights key policy and programme opportunities that would enable Rwanda accelerate sustained fertility decline and harness the DD.

This brief is derived from the Rwanda DD study⁵, which showed that reducing birth rates from 4.2 to 2.3 births per woman by 2050 would produce an age structure with more working age people than dependents (Figure 1). This would propel the country to upper income status with GDP per capita of US\$ 12,555 by 2050. This would be made possible if Rwanda follows an integrated investment framework that accelerates fertility decline and concurrently focuses on human capital development, creation of decent jobs and ensures efficiency and accountability in use of public resources and service delivery.

¹National Institute of Statistics of Rwanda, Ministry of Health, & ICF International. (2015). *Rwanda Demographic and Health Survey 2014-15*. Rockville, Maryland, USA: NISR, MOH, and ICF International

²National Institute of Statistics of Rwanda, & Ministry of Finance and Economic Planning. (2012). *Rwanda Fourth Population and Housing Census. Thematic Report: Population size, structure and distribution*. Kigali, Rwanda

³United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision*, custom data acquired via website.

⁴Bloom, D., David Canning, & Sevilla, J. (2003). *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change*, by RAND MR-1274-WFHF/DLPE/RF, 2002, 100 pp., ISBN: 0-8330-2926-6. Retrieved from Santa Monica, CA, USA.

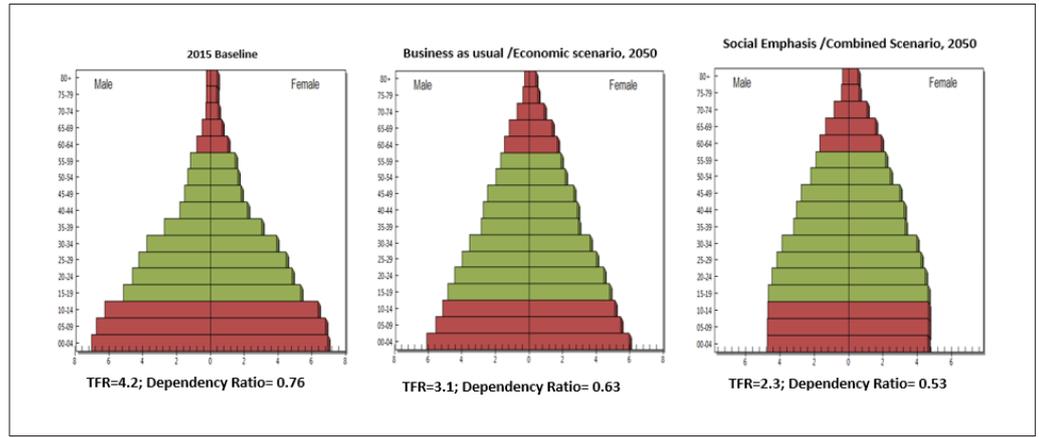
⁵National Institute for Statistics in Rwanda, UNFPA, AFIDEP, 2017. *Harnessing the demographic dividend in Rwanda*.



“Rwanda has made impeccable progress in reducing under-five mortality rates over the past two decades.”

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Figure 1: Projected population age structure in Rwanda under various scenarios by 2050



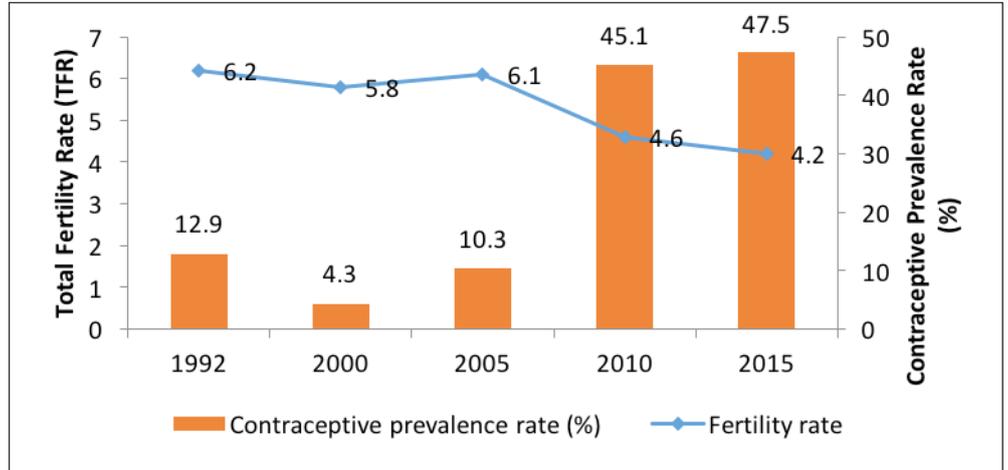
Source: NISR, UNFPA, AFIDEP, 2017

Key Priorities for Accelerating Fertility Decline in Rwanda

Based on experiences of Asian countries like Thailand, Malaysia and Indonesia and African countries like Botswana, Tunisia and Mauritius that have experienced sustained rapid fertility decline, Rwanda can accelerate its own decline by reinforcing investments in family planning (FP), child survival and female education.

There are sizable socioeconomic variations in contraceptive use based on 2015 data. Women residing in rural areas, in the West province, those from poor households and without formal education have relatively low levels of contraceptive use. Contraceptive use also varied by age, with teenage girls having the lowest prevalence rates at 32.8%, compared to a high of about 51% among women aged 25-39 years. In addition, about

Figure 2: Trends in use of modern methods of contraception among married women and the total fertility rate, Rwanda 1992-2015



Source: NISR, Demographic and Health Survey, 2014/15

Improving access and effectiveness of family planning

Between 2005 and 2010, Rwanda recorded one of the fastest increases in the contraceptive prevalence rate globally, from 10.3% to 45.1% (Figure 2). However, the progress stalled between 2010 and 2015, with the percentage of married women using modern contraception increasing slightly from 45.1% to 47.5%. Consequently, the country did not achieve its 2012 target of increasing contraceptive use to 70% as set in the FP strategic plan 2012-2016.

19% of all women have unmet need for FP because they were not using an effective method of FP, yet they wanted to delay or avoid pregnancy.

There is, therefore, need to reinforce and reposition the FP programme to ensure that women and men have access to their contraceptive methods of choice to avoid unplanned pregnancies. Key focus should be on expanding method choice; enhancing community-based distribution of FP; training of health care providers on promotion and provision of long-acting and permanent methods including IUD, implants, and sterilization; integrating FP in HIV, maternal,

and child health services; improving supply chain management; improving educational campaigns to increase demand for FP among underserved groups, particularly youth, the poor and less educated; and increasing government funding towards procurement of contraceptives.

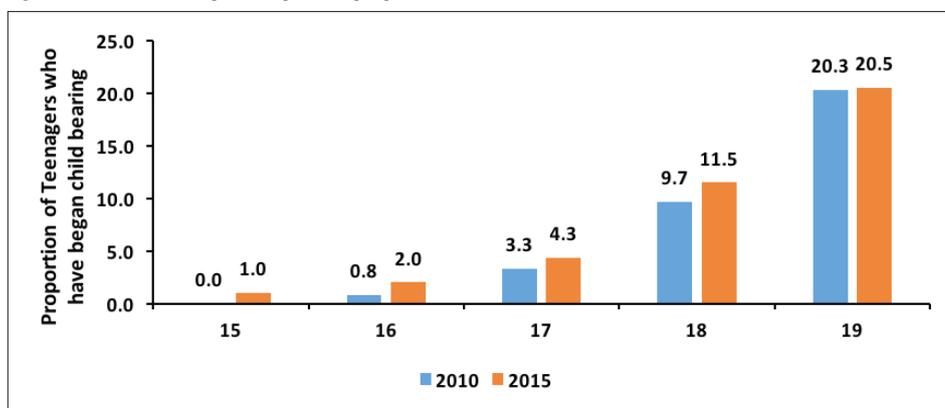
Keeping girls in school and addressing factors driving early childbearing

Increasing school attendance and progression for girls and ensuring that in-school and out-of-school girls have access to comprehensive reproductive health information and services is critical in preventing teenage pregnancies and enhancing their productivity in future. It is estimated that delaying marriage and

has among the lowest levels of teenage fertility in the region, it is disturbing that the teenage fertility rate increased from 40 to 44 births per 1000 girls aged 15-19 years and the proportion of women aged 15-19 who had started child bearing increased from 6% to 7.3%. Similarly, although the legal minimum age of marriage in Rwanda is 21 years, about 2% and 14% of women aged 25-49 years were married by 15 and 18 years, respectively.

Ensuring that girls have access to comprehensive age-appropriate sexuality education and contraceptives when they need them is a human rights and a development issue. Although youth

Figure 3: Child bearing among teenage girls, Rwanda, 2010 and 2015

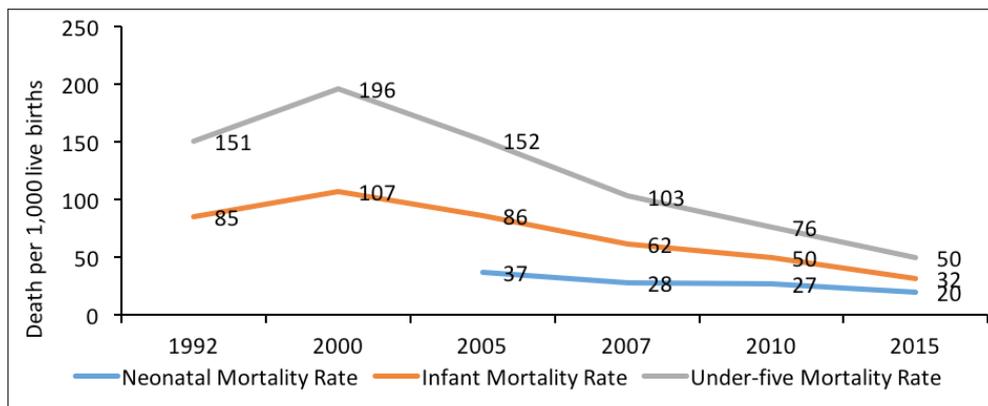


Source: NISR, Demographic and Health Survey, 2014/15

child bearing by 5 years can slow population growth by 15-20%⁶. In addition, keeping girls in primary school for one extra year increases their future earnings by 10-20%⁷. In 2016 about 98% of Rwandese girls of primary school age were enrolled in school while only 34.6% of those of secondary school age were enrolled in secondary school⁸. This implies a high dropout rate, of which teenage pregnancy and early marriage could be contributing to⁹. Although Rwanda

education centres have been established and health facilities are increasingly delivering youth-friendly services, more needs to be done to entrench comprehensive sexuality education in schools and for out of school youth.

Figure 4: Trends in childhood mortality, Rwanda, 1992-2015



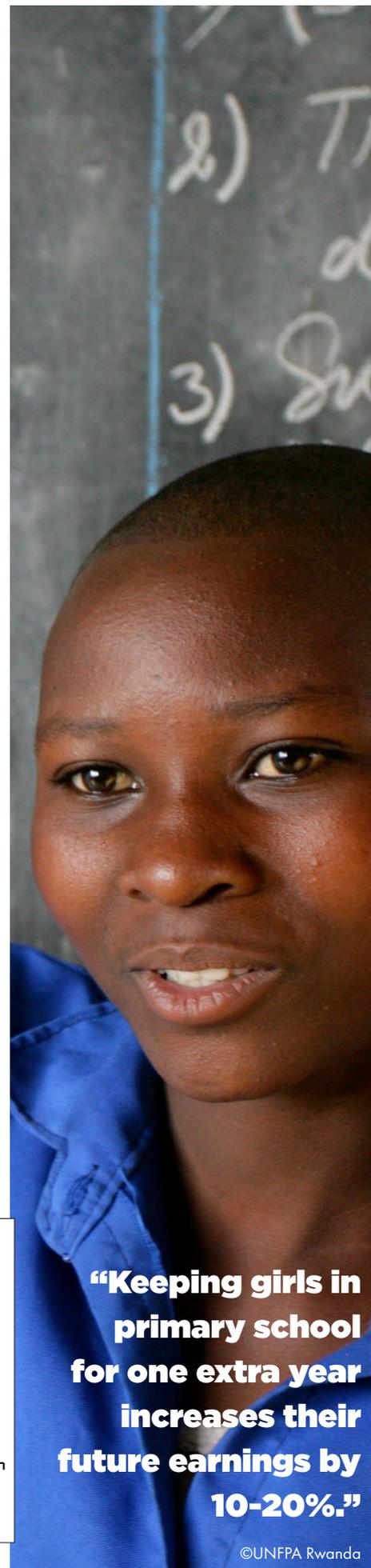
Source: NISR, Demographic and Health Survey, 2014/15

⁶Bongaarts, J. (1994). Population growth options in the developing world. *Science*, 263(5148), 771-778

⁷Levine, R., Lloyd, C., Greene, M., & Grown, C. (2008). *Girls count: A global investment & action agenda*. Washington, DC: Center for Global Development. Retrieved from www.cgdev.org.

⁸Ministry of Education. (2016). *2016 Education Statistics Yearbook*. Ministry of Education, Republic of Rwanda. Kigali, Rwanda

⁹CLADHO, 2016. *Advocating for girls' rights socio protection through fighting against early and unwanted pregnancies in Rwanda*



“Keeping girls in primary school for one extra year increases their future earnings by 10-20%.”

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

Decline in child mortality is a critical precondition for fertility rate decline because parents want to be assured that their few children have a decent chance to survive to adolescence and adulthood. Through implementation of various interventions such as immunization through community-based services, community-based insurance, integration of maternal and child health services, and improved data collection and utilisation in decision-making, Rwanda has made impeccable progress in reducing overall child mortality rates over the past two decades (Figure 4). However, deaths in the first month of life (neonatal mortality) are not declining at the same rate, and represent about 40% of all deaths occurring among children aged below five years.

A key underlying cause of child mortality where limited progress is being made is child malnutrition; 38% of Rwandese children are stunted and 9% are underweight. Improving nutritional status of children also helps to improve cognitive capacity and learning outcomes of children. Stepping up the interventions that have propelled Rwanda's reduction in child mortality, with particular focus on scaling up interventions that would help

lower neonatal mortality rates, including improving the quality of antenatal care, delivery care, and postpartum care of new born children will contribute to lower fertility rates.

Key policy recommendations to facilitate fertility decline

Short-term policy options for accelerating fertility decline include:

- Review and operationalize the FP2020 commitments and the FP Strategic Plan, and address programme bottlenecks identified in the mid-term review of the Health Sector strategic plan, with a focus on enhancing the role of the private sector in delivering and resourcing family planning and scaling the community-based distribution of family planning.
- Improve contraceptive method mix and promote use of long-acting and permanent methods of family planning to satisfy the reproductive needs of women who want to stop childbearing or delay births for several years.
- Advocate for revision of Article 7, Chapter II (Rights in terms of human reproductive health) of the 2016 Reproductive Health Law that states that "subject to provisions of other laws, every person having attained the majority age has the right to decide

for oneself in relation to human reproductive health issues", which might be used to restrict access of reproductive health services to adolescents below age 18.

- Ensure implementation of the comprehensive sexuality education programme in schools and enhance access to youth friendly SRH services by training facility and community-based service providers.

Medium to the long term policy options for accelerating fertility decline include:

- Scale up mass education campaigns for the empowerment of women, including community education on the benefits of educating girls beyond primary and secondary school levels. This will help address the increasing teenage fertility and early marriage incidences.
- Strengthen management of post-partum health complications and intensify interventions to improve breastfeeding to reduce neonatal mortality.
- Strengthen multi-sectoral collaboration in implementing the integrated nutrition policy and the child nutritional programme, involving all relevant government sectors, the private sector, and the communities.

Acknowledgements

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