

# **30<sup>th</sup> international population conference**

(Brisbane, Australia, 13 – 18 July 2025)

## **Communication proposal**

Communication title :

**Women's autonomy and fertility in Chad**

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## Extended abstract

The question of the size of the population is the key to the development and the future of sub-Saharan Africa as a whole. Poverty cannot be tackled effectively, nor can sustainable economic growth be achieved, without taking demographic phenomena into account. Reducing fertility is the main concern here. According to Locoh, fertility in sub-Saharan Africa has begun to fall: "Désormais, chaque nouvelle enquête vient confirmer que l'Afrique subsaharienne s'engage dans une nouvelle phase de la transition démographique" (Every new survey confirms that sub-Saharan Africa is entering a new phase of demographic transition). However, a significant number of countries in the region, particularly francophone countries, have not yet shown any signs of moving in this direction.

The case of Chad is particularly acute. Unlike its neighbors, Cameroon and the Central African Republic, where the total fertility rate (TFR) does not exceed 5.5 children per woman, and Nigeria, where it stands at 5.5 children per woman, in Chad, it is higher and even rising : according to 2004 Demographic and Health Survey (DHS) and the 2014 Multiple Indicator and Demographic and Health Survey (DHS/MICS), Chad's TFR has risen from 6.3 to 6.4 children per woman.

Given the many benefits of low fertility, the Government of Chad should strengthen its policies in this area and significantly reverse the current trend by 2030. These benefits occur at many levels : economic, social, and environmental.

The Government of Chad, therefore, needs relevant information, which can only be produced through rigorous scientific studies of the determinants of low fertility in Chad. To date, very few studies have been carried out in this country, despite the fact that, as mentioned above, all the demographic and health surveys carried out in Chad clearly show that fertility is rising rather than falling and that the TFR is at least 6.5 children per woman in 50% of the regions of the country, with the result that demographic growth is accelerating. At the current fertility rate, Chad's population, estimated at 16 million in 2020, will reach around 23 million in 2030, representing a growth rate of 3.2%.

Like its Central African neighbors, Chad is already aware of the harmful consequences of high fertility and has implemented a population policy that includes family planning programs. However, the situational and contextual analyses referred to by the policymakers themselves have clearly shown that there are significant socio-cultural barriers to improving Chadian women's fertility behavior. Gender inequalities structure and summarize a large part of these social barriers. But how do these barriers, gender inequalities and women's lack of autonomy influence fertility in Chad ? In this study, we will try to answer this question by examining the links between gender inequalities, women's autonomy, and fertility in the context of Chad.

The notion of women's autonomy or "empowerment" is central to a number of theories of fertility and health. Empowerment has been defined in a number of ways. According to Kabeer, it involves process and agency; she defines empowerment as "the expansion of people's ability to make strategic life choices in a context where this ability was previously denied to them". Process refers to the dynamic aspect of women's autonomy, but in the absence of longitudinal data, most previous studies have focused on agency, defined as women's ability to make choices. Caldwell and Caldwell define women's autonomy as their ability to take control of resources and decisions that affect them and to act independently of male and societal control. It, therefore, goes beyond access to resources to encompass their control in general and the freedom to use them in the interests of the woman or those close to her.

Previous studies have examined the influence of women's autonomy on family planning, fertility and health. They suggest that women's autonomy affects their ideal number of children, contraceptive use, child nutrition, child immunization, and mothers' use of maternal health services. However, the relationship between women's autonomy and their fertility- and health related behaviors is much more complex. Indeed, previous studies on the influence of women's autonomy on fertility are limited : they have not taken into account the value system that characterizes the population studied or the key

elements of the socio-cultural environment in which women's status is defined, the psychosocial characteristics and a good number of proximate determinants of fertility (union dissolution, postpartum behaviors, infant and child mortality, abortion practices...).

To compensate for the limitations of these studies, in the conceptual framework used, at the macro level, two concepts were included, namely the socio-cultural context and cultural patterns of fertility and gender ; at the micro level, opinions towards fertility were taken into account in the set of variables mediating the effects of women's autonomy, as well as union break-ups, infant and child mortality and post-partum practices. Thus, two general hypotheses were tested in this study : i) women's autonomy influences actual fertility via their opinions about fertility and its intervening variables ; ii) the level of women's autonomy, women's characteristics and those of their spouses associated with it and their relationships with opinions about fertility, intervening variables and actual fertility vary according to context.

The methodology used to achieve this is innovative: i) an aggregate variable was created based on ethnicity, religion and perceptions of gender inequality, to better contextualize the analysis of the effect of women's autonomy on fertility; ii) all fertility indicators include a cross-sectional measure of fertility (the Total Fertility Rate, or TFR for short), to resolve the problem of anteriority that arises when fertility is only measured retrospectively (average parity and average final offspring); iii) another measure of fertility, the gap between the number of children desired and the average final offspring, to determine whether women with a high level of autonomy actually achieve their goal of having a low number of children in the context studied. The statistical methods used take account of this multiformity in the measurement of fertility: Poisson regression, when fertility is measured by the TFR; multiple linear regression, when it is measured by the number of children desired and the average parity among women aged 15-49 and the average final offspring among those aged 35-49; multinomial logistic regression, when it is measured by the difference between the number of children desired and the average final offspring among women aged 35-49.

The results from the analyses of DHS/MICS 2014/2015 data carried out using the aforementioned statistical methods confirm the study's hypotheses and can be summarized as follows :

### **In the case of women's autonomy and its differentials**

- i) Descriptive analyses revealed that most women have little or no decision-making autonomy. Only 16% have a high degree of decision-making autonomy, with highly unequal socio-cultural groups being less affected by this phenomenon than less unequal ones.
- ii) Analysis of the qualitative data revealed that the traditional gender model prevails in the environment studied : exclusive decision-making by the woman is a sign of a lack of love in the couple.
- iii) However, there were some differences of opinion between urban and rural dwellers, the educated and the uneducated, with the former tending to favor couples, and the latter emphasizing the supremacy of men. For the latter, women owe their spouses complete submission. The man enjoys this privilege because he is thought to be the head, the pivot of the family, the one who assumes the most responsibility. And this difference between men and women begins in childhood.
- iv) The multivariate analyses carried out showed that the factors most conducive to a Chadian woman in union having a high degree of decision-making autonomy within her household are economic and socio-cultural. In fact, economic activity and ethnicity alone explained over 65% of the variation in women's decision-making autonomy in Chad, to which are added, to a certain extent, the spouse's economic activity and the couple's level of education.
- v) The comments of the men and women who took part in the qualitative interviews support this finding. In particular, they identified education as one of the factors empowering women,

highlighted the importance of women's financial autonomy in improving their status and their relationship with their spouse, and highlighted ethnic diversity in terms of women's status.

#### **In the case of the relationship between women's autonomy and desired fertility**

- i) Women's decision-making autonomy is associated with the ideal number of children. However, the direction of the relationship observed between the two variables varies according to context. In highly unequal socio-cultural groups, a positive relationship was observed between the two variables. On the other hand, in less unequal socio-cultural groups, the relationship between the two variables was negative.
- ii) According to some of the women who took part in the qualitative interviews, the number of children to have does not depend on them, but on their husbands. For others, it depends on destiny. This explains why the association between women's decision-making autonomy and desired fertility has not proved to be as expected in highly unequal socio-cultural groups.

#### **In the case of the relationship between women's autonomy and effective fertility**

- i) For both past and current fertility indicators, in both socio-cultural groups, at the highest level of autonomy, this factor is negatively related to actual fertility.
- ii) According to our informants who took part in the qualitative survey, fertility is high in couples where women have little or no autonomy, since having many children is a divine blessing and contributes to prolonging the life of their parents. High fertility therefore confers consideration and respect in society.
- iii) In other couples, there are people who are aware of the harmful consequences of high fertility, but almost all mentioned only the burden of childcare obligations ; few mentioned the health problem associated with high fertility.
- iv) The burden of looking after children appears to be an individual matter, but according to some participants, the help of members of the extended family means that parents feel less of a burden.
- v) Analyses of data on the intermediate fertility variables considered have enabled us to formulate other hypotheses to explain the relationship between women's autonomy and fertility: in highly unequal groups, the frequent deaths of children lead couples in which women have no or little autonomy to compensate by high fertility; in less unequal groups, late entry into unions, union break-ups, the reducing effects of breastfeeding and modern contraception and other intermediate fertility variables, not taken into account here, justify why women's decision-making autonomy was found to be negatively associated with fertility.

#### **In the case of the relationship between women's autonomy and the gap between desired fertility and average final offspring**

- i) Among all women in union aged 35 and over, 14.6% said they had had more children than their ideal number, and 8.3% as many children as their ideal number. The gap between the two categories was higher in highly unequal socio-cultural groups (13% versus 5.6%, a relative gap of 57%) than in less unequal ones (16.1% versus 11.1%, a relative gap of 31%).
- ii) We assumed that women with a high degree of decision-making autonomy would have the self-determination and resources to realize their intentions : in the highly unequal groups, the results were totally in line with expectations (compared to women with zero autonomy, both those with low and high autonomy were more likely to have had as many children as expected) ; on the other hand, in the less unequal groups, it was at the woman's highest level of autonomy that such a relationship was observed.

In conclusion, in Chad, a woman's autonomy has a negative impact on her fertility, but the hypotheses explaining this relationship vary according to the type of socio-cultural group. This overall finding confirms not only the relevance of development programmes aimed at empowering women, but also the need for these programmes to take sufficient account of the socio-cultural and economic contexts in which the groups in question live.

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