

Stalling Fertility Transitions and implications for population and development policies and programs in Tanzania

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The past century has witnessed a rapid fertility decline in a majority of less developed countries. Overall, the total fertility rate of the developing world dropped from 6.0 births per woman in the late 1960s to 2.6 in 2015. Declines have been most rapid in Latin America, Asian, and North Africa regions where social and economic development has also been relatively rapid. Sub-Saharan Africa region also witnessed significant declines but the timing and pace of fertility decline remained varied. Nonetheless, the changes observed in the region on the whole were by and large more rapid than anticipated earlier by the demographic community. However, the optimism of a continuing fertility revolution in the region was suddenly muted after the mid 1990s when the pace of fertility decline decelerated in many countries and stalled in others.

The main objective of this study is to examine the nature and pattern of recent fertility decline in Tanzania (after 1990s), a country experiencing a stalled fertility, and the implications of current trends for population and development policies and programs in the country.

The study is based on a meta analysis of all existing studies on stalled fertility transitions in Tanzania, and the Africa region, paying particular focus on individual, household and community factors that may have contributed to stalled fertility in the country. Also to be used include data from United Nations that will be primarily used to determine long-term trends in fertility and population growth patterns.

Our preliminary results show that factors responsible for stalled fertility remain identical to the known set of proximate and social determinants of fertility, which include the following;

- Early and nearly universal marriage for women
- The median age at first marriage for women aged 15-49 is 18 and by the age of 20, over 69% have married at least once.
- Absence of effective fertility regulation among women of reproductive age

On family planning commodities, modern contraceptives prevalence rate remains low, despite increasing from 20 percent in 2005 to 27 percent in 2010 for Tanzania mainland and 9 percent to 12 percent for Zanzibar (TDHS, 2010) with wide regional and zones disparities (10 percent in Mara and 50 percent in Kilimanjaro). Unmet need for family planning remains high, at 25 percent and 31 percent respectively for Tanzania Mainland and Zanzibar. Inadequate skilled staff, stock-outs at health facilities and funding for FP, limits provision of FP services from the supply side. Some of the demand side bottlenecks include: lack of an effective and widespread community-based program for the provision of family planning services, misconceptions about FP and socio-cultural values.