Scientific Research Publishing

Open Journal of Social Sciences, 2023, 11, 76-93
https://www.scirp.org/journal/jss
ISSN Online: 2327-5960
ISSN Print: 2327-5952

Fertility Regulation in Burkina Faso: Refusal to Impose a Fixed Number of Children per Woman, But Attitudes in Favour of Lower Fertility

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How to cite this paper: Bado, A. R., Guengant, J.-P., Maga, H. I., Zoma, L. R., Tall, I., & Tidiani/Kandine, F. (2023). Fertility Regulation in Burkina Faso: Refusal to Impose a Fixed Number of Children per Woman, But Attitudes in Favour of Lower Fertility. *Open Journal of Social Sciences, 11,* 76-93.
https://doi.org/10.4236/jss.2023.111008

Received: November 28, 2022
Accepted: January 14, 2023
Published: January 17, 2023

Abstract

Context: Meeting in Ouagadougou in 2017, Burkina Faso, parliamentarians from the Economic Community of West African States (ECOWAS, 15 countries), Mauritania and Chad "invited ECOWAS countries, Mauritania and Chad to work towards reducing their respective total fertility rates to no more than three children per woman by 2030" and to promote really viable and sustainable development. Has this declaration been well received by the population? This is the question that our research attempts to answer through research conducted in Burkina Faso. **Methodology:** The research was conducted in several regions of Burkina Faso. It is a mixed study with a quantitative and a qualitative component to analyze the perceptions of the respondents on their appreciation of the ECOWAS parliamentarians' declaration on 3 children per woman. **Results:** The results in Burkina Faso showed that 31% of men and 41% of women agreed with the suggestion to stop when reaching three children. Conversely, 45% of the men and 39% of women surveyed were against "stopping at three children". The results of this study clearly indicate that the idea of controlling the size of one's family is much more widely supported than that might be assumed. **Conclusion:** The debate between the supporters and opponents of birth control within couples is still ongoing. However, fertility control issues are still taboo subjects, little discussed by researchers and policy makers.

Keywords

Fertility Control, Three Children Per Woman, Statement, Parliamentarians, West Africa

1. Introduction

West Africa is one of the last regions in the world not to have completed its demographic transition. While the first phase of this transition (reduction in mortality) is well underway, the second (reduction in fertility) is still in its early stages and remains very slow (Guengant & Stührenberg, 2013). Except for Ghana and Cape Verde, several West African countries still have an average of more than five children per woman and most of the countries in the region are among the twenty or so countries with the highest fertility levels in the world. Fertility decline has remained very low in sub-Saharan Africa over the last few decades, or has been almost non-existent as in Mali, Niger, and Nigeria (Leridon, 2015). Fertility decline in sub-Saharan Africa is slow compared to the transitions observed in other developing regions/countries, including Southern Africa and North Africa. Continuing demographic trends would lead to continued population growth rates above 2.5% per year compared to 0.3% to 1.8% elsewhere (Tabutin & Schoumaker, 2020) and high fertility rates over long periods. As a results, the magnitude of the social needs created, will hinder the achievement of five priority objectives of their respective governments and those of other West African countries, namely poverty reduction, modification of the age structure to achieve a demographic dividend, economic emergence, the attainment of the SDGs and the objectives of the African Union's Vision 2063 (Union Africaine, 2017b). The slow pace of fertility decline in sub-Saharan Africa is explained by countries' lagging socioeconomic development, weak family planning programmes, and structurally high desired fertility. Previous research has proposed several explanations related to the proximate determinants of fertility to explain the slow fertility decline in this African region: stable (or slowly increasing) rates of early first marriage and first birth, rising premarital birth rates, and lack of access to contraception (John & Adjiwanou, 2021). Several studies have identified social, cultural, and political barriers to fertility decline (Caldwell & Caldwell, 1987; Garenne, 2016; Tabutin & Schoumaker, 2020). According to Caldwell J.C., the reason for high fertility in low-income populations was their lack of access to modern contraceptive techniques and suggested that the high levels of fertility in West Africa appeared to be a practical response by reasonable people to the relative gains they enjoyed from having a large family (Caldwell & Caldwell, 1987).

Family planning (FP) programmes and population policies to control population growth have late being implemented in West African countries except in Ghana. Indeed, most political elites and leaders long opposed family planning, as

it was seen as an attempt by more developed countries to control the size and growth of the African population. Like many less developed countries that also saw population growth as an asset, many SSA elites and political leaders did not welcome these programmes. At the first World Population Conference in 1974 in Bucharest, Romania, many African delegates supported the idea that "development is the best contraceptive", in opposition to the neo-Malthusians who advocated large-scale birth control programmes (Guengant & Maga, 2020). However, during the 1980s and 1990s, two-thirds of sub-Saharan African countries adopted national population policies aimed at reducing population growth (Robinson, 2015). However, sub-Saharan leaders and policymakers have been more reluctant to promote family planning programmes to reduce high fertility levels, although they have endorsed family planning and reproductive health on welfare and health grounds (May, 2017a).

Can Africa benefit from a demographic dividend linked to the decline in fertility and the resulting change in age structures (fewer dependent young people, more working people), which according to this paradigm would facilitate economic growth (Guengant, 2011)? The need to accelerate the fertility transition in sub-Saharan Africa has been a topic of discussion among African leaders, policymakers and development practitioners and their development partners (May, 2017b). But in recent decades, political leaders in West African countries have become increasingly convinced of the importance of the demographic dividend in enabling their countries to achieve economic emergence inspired by the economic prowess of Asian countries. To seize this window of opportunity that the demographic dividend can represent, the African Union has written an "African Union Roadmap on Taking Full Advantage of the Demographic Dividend by Investing in Youth" (Guengant & Maga, 2020) and at the level of each country actions are being implemented to control fertility, decreasing the number of dependent children needed to capture the demographic dividend.

Meeting in Ouagadougou in July 2017, Burkina Faso, parliamentarians from the Economic Community of West African States (ECOWAS, 15 countries), Mauritania and Chad wished to limit the average number of children per woman to three to reduce the region's fertility rate (the second highest in the world after that of Central Africa) by almost half by 2030, in order to contain the demographic growth in the ECOWAS region and promote really viable and sustainable development. Did this declaration have a favourable echo among the populations? This is the question that our article seeks to answer through qualitative data collected in 2020, almost three years after this declaration by ECOWAS parliamentarians.

2. Context

The Economic Community of West African States (ECOWAS) is a regional grouping of 15 members whose mandate is to promote economic integration. ECOWAS member states are Benin, Burkina Faso, Cape Verde, Côte d'Ivoire,

Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sierra Leone, Senegal, and Togo. ECOWAS regularly organises high-level meetings to discuss priority issues in the region. It is in this sense that Burkina Faso hosted, from 20 to 22 July 2017 in Ouagadougou, a high-level meeting on adequate health financing, achieving the demographic dividend and population and development policies in the ECOWAS region, Mauritania, and Chad. Organised jointly by the West African Health Organisation (WAHO) and the National Assembly of Burkina Faso, the meeting strengthened the commitment of political authorities in 17 African countries to confront population, development and health issues.

During this meeting, the then President of the Burkinabe Parliament, the late Salifou DIALLO, indicated that: "*The parliamentarians of ECOWAS, Mauritania and Chad agreed that, by* 2030*, parliaments should encourage governments to put in place policies to ensure that each woman has no more than three children to control the demographic boom".* He added*:* "*We believe that when countries' economic growth rates are in the order of* 5% *to* 6% *with a fertility rate of* 6 *or* 7 *children, we are in a situation of uncontrolled demography, and we cannot hope for development in such a situation*". It should be emphasised that this declaration does not refer to "limiting" births, nor to coercion, but to putting in place incentive policies to ensure that each woman has no more than three children by 2030, or, according to the final declaration adopted, that each country has an average of no more than three children per woman.

This statement provoked a strong reaction among the population, and population specialists felt this challenged and reacted in turn to explain in the media the challenges of the demographic transition for African countries and the capture of the demographic dividend. Since then, when it has been discussed, the question of stopping the number of children per woman at three has always aroused a great deal of controversy in public opinion and is variously appreciated in different intellectual and political circles. This debate came at the time when the then Burkinabe government adopted the policy of free family planning (FP) care and services in late 2018. However, all indications are that this did not help to bring the opinions of the various parties closer to the issue. Therefore, through this study, while distancing ourselves from political posturing, we wanted to find out more by asking men and women what their opinion was on limiting the number of children per woman to 3 in Burkina Faso by 2030.

3. Methodology

3.1. Study Site and Type of Study

The data used in this study come from population surveys conducted in several regions of Burkina Faso, namely, the Cascades, Boucle du Mouhoun, Centre, Centre-South, Centre-North, Hauts-Bassins and South-West regions.

A mixed study with a quantitative and a qualitative component. The quantitative component measured indicators related to the demand for FP/contraception, the

determinants of the number of children desired, and the reasons behind the low involvement of men. The qualitative survey analysed the perceptions of the respondents on planning issues, including their appreciation of the ECOWAS parliamentarians' declaration on the three (3) children per woman. These two components are complementary. The qualitative data was analysed for thematic content and certain *verbatim statements were used* to illustrate the prevalence of the quantitative data.

3.2. Study Samples

For the quantitative survey, an independent draw was made in each of the six regions and the sample units were provinces, villages, households, men, and women in union. In total, a sample of 2404 participants living in unions in the six regions was selected for this study, of which 1457 were women and 947 men. The survey sample used in this study is neither representative by region nor by province. Therefore, the results of this study cannot be extrapolated to a region or province. For the qualitative survey, interviews were conducted with a sample of men and women chosen based on their authority, leadership, or influence in the community or in the public or private administration. Fifty-nine individual interviews were conducted with local leaders (religious and customary, community leaders), chief district medical officers, health workers, community health workers, members of associations and organisations, and authorities from the Ministry of Health and international organisations. Additionally, 21 focus groups were conducted with women and men.

3.3. Data Analysis

The analysis of the quantitative data was carried out using STATA software. For this paper, only simple frequencies were performed.

For the processing of the qualitative data, all the interview tapes were transcribed and entered in French and saved as Word files. The processing and analysis of the qualitative data was performed using NVIVO.12 software. All files were then imported into a data entry mask or "Code book" and encoded. All thematically encoded file extracts were isolated and summarised to serve as a corpus for the analysis. The verbatim were extracted and used to reinforce the analysis and comments.

4. Results

4.1. Description of the Sample

Table 1 presents the socio-demographic characteristics of the respondents to the quantitative survey. A total of 2404 individuals were surveyed, 60.6% of whom were women. In each region, approximately 400 individuals were surveyed. The age distribution shows that people aged 25 - 34 years (41.5%) and 35 - 49 years (35%) were the most represented in the study sample.

Table 1. Characteristics of the sample.

Variables	n	%
Gender		
Male	947	39.4
Woman	1457	60.6
Region		
Boucle-Mouhoun	399	16.6
Cascades	398	16.6
Centre	401	16.7
North Centre	402	16.7
Hauts-Bassins	404	16.8
Southwest	400	16.6
Age of respondent		
<19	97	4.0
20 - 24	322	13.4
25 - 34	988	41.1
35 - 49	842	35.0
50 or above	155	6.4
N	**2404**	**100**

4.2. Views of Men, Women, Local Leaders, Health Authorities on Limiting the Number of Children

From the analysis, two groups of positions emerge: some are in favour of limiting the number of children to 3 per woman (the "progressives") while others are opposed to the ECOWAS parliamentarians' declaration on limiting the number of children per woman. We will analyse the positions of the two groups and identify the key points.

- **The position of conservatives: mainly men and religious leaders**

Overall, for all six regions surveyed, opinion on stopping the number of children per woman at three appears to be divided (Table 2). The results show that 45% of the men and 38% of the women surveyed said they were against this recommendation. In addition, 7% of men and 16% of women considered this recommendation to be contrary to their habits and customs. If we add up the percentages of participants sharing this opinion, we arrive at 52% of men and 42% of women who are against this recommendation to "limit" the number of children per woman to 3. Conversely, 31% of men and 41% of women agreed that the number of children per woman should be limited at three by 2030. On the other hand 17% of men and 16% of women considered that this recommendation was unrealistic, without it being clear whether they were in favour of it (may be after 2030?), or more or less against it. If we add these two results together,

Table 2. Distribution of participants by region and gender according to their opinion on stopping the number of children at 3 per woman.

Views on limiting the number of children to 3 per woman (%)							
Gender of respondent	REGION	n	I agree	I am against	This is not realistic	It is contrary to our customs	Total
Male	Boucle du Mouhoun	150	34.7	32.7	14.7	18.0	100.0
	Cascades	167	43.1	35.9	19.8	1.2	100.0
	Centre	142	28.2	36.6	20.4	14.8	100.0
	North Central	153	26.1	42.5	28.8	2.6	100.0
	Hauts-Bassins	164	32.9	42.1	20.1	4.9	100.0
	South-West	171	18.7	75.4	2.3	3.5	100.0
	Total	947	30.6	44.8	17.4	7.2	100.0
Woman	Boucle du Mouhoun	249	50.2	24.1	14.1	11.6	100.0
	Cascades	231	51.5	31.6	16.0	0.9	100.0
	Centre	259	37.1	26.6	28.6	7.7	100.0
	North Central	249	49.0	35.3	14.1	1.6	100.0
	Hauts-Bassins	240	33.8	44.2	20.8	1.3	100.0
	South-West	229	21.8	73.4	2.6	2.2	100.0
	Total	1457	40.7	38.7	16.3	4.3	100.0

we obtain slightly less than half (48%) of men and a majority (58%) women who did not indicate that they were formally opposed to the idea of limiting the number of children per woman to three.

The men opposed to limiting the number of children to three per woman first cited reasons related to the high exposure of children to mortality at an early age. Based on this observation, they remain convinced that limiting the number of children to three is perilous and dangerous for the very survival of humanity. This logic is supported by one man in the following terms:

> "Man must have many children because some will die and leave others. If you give birth to two children and they die, you will be left empty handed. The poor man must give birth to many children. I, myself, have given birth to 11 children, four of them died and I now have seven children and that is normal" (Focus group men, Diébougou, Burkina Faso).

However, some men recognise the need to space births or even reduce them to a reasonable number in view of the difficulties of life today. FP can indeed give a new lease of life to both the woman and her children. But the affirmation of such an idea is not yet part of the social representation of many people, especially men. Since children are largely considered as a gift from God, he is said to be the one who takes care of everything, so why limit their number, when the provider of all things exists forever. Although other men agree with the idea of birth

spacing, they are still reluctant to reduce the number of children to be born. In their view, it is a matter of planning, and it should be done in such a way that the desired number of children does not adversely affect their growth. The following comments illustrate this view:

> "I will not agree to limit the number of children to three! However, I am in favour of spacing out births. I have nine children. Six are boys and three are girls and they are all alive. With my wife, we decided to space the births, and that's what we did", (catechist, Dédougou, Burkina Faso).

The desire for couples to adopt the FP policy in Burkina Faso is also considered by some respondents, particularly the Muslim faithful, as an attitude that is destructive of Burkina Faso society. They therefore reject such an idea, because for them, the wealth of a couple, a community or a country is also in the number of its sons and daughters. From their viewpoint, Europe is 'badly' placed to talk to Africa about FP issues, since the population of some of its cities is much higher than the total population of the "country of upright men". This is reflected in the following statements:

> "This is the destruction, the real destruction to limit the number of children to three per woman. You don't even have to say that anymore. Are three children too many? Well, if we want to see, the population of a single city in Europe even exceeds the entire population of Burkina Faso. But if women didn't give birth there, would they reach that number? This is an idea that does not work with the Islamic religion", (Iman, Dédougou, Burkina Faso).

The analysis of field information also indicates that the reason for resistance to FP in Burkina Faso is the alleged infidelity of wives. Accepting to practise FP is therefore to give open permission to his wife(s) to engage in infidelity. For the use of contraceptive methods prevents her from taking another man's pregnancy and thus hides her unfaithfulness from the eyes of her husband and the community in general.

Another variable highlighted by the respondents is the marital status of the men. Single men approve of the idea of FP, but once their household is established, they no longer approve of the idea. They then oppose any idea of FP. Being unmarried, they are in favour of their girlfriends using contraceptive methods so that they do not get pregnant before they start a household, and thus preserve the image of both the young boy and the young girl. Because getting pregnant before marriage is sufficient to be banned in some societies in Burkina Faso.

> "In the locality, when one is young, one adheres to FP, but when they get married, they refuse FP because of the suspicion of infidelity. The use of contraceptive methods and FP in people's minds is to go from left to right, it is to make sexual vagrancy and that is complicated in the life of couples" (Health professional, Gaoua, Burkina Faso).

The idea of stopping the number of children per woman at three does not seem to meet the approval of many traditional leaders either. For them, this is not an issue to be debated. It is a duty to have more children. As one traditional practitioner put it: "*I think we should have more than three children. I refuse this idea*", (Traditional practitioner, Bobo Dioulasso).

According to the general opinion of religious leaders, many people cannot agree with such an opinion because, for him, "the child is a gift from God" and such a gift cannot be refused. You cannot go against the will of God.

In the same vein, setting the number of children per woman at three is akin to a desire to do what others do, to do the same, whereas men are different by nature and therefore cannot follow the same logic, i.e. behave in the same way, let alone accept the limitation of the number of children to three. A religious leader expressed himself on this subject in these terms:

> "Why, in fact, do we want everyone to be on the same level? God did not want us to be the same, the proof is that he created us differently and everyone is different. So I don't share the logic of fixing or defining the number of children that each woman, or each person should have." (Religious leader, Banfora, Burkina Faso).

For others, limiting the number of children to three per woman is simply an attitude of imposition and domination on the part of the great powers towards poor countries. For them, by comparing the populations of different countries, they note that the most populous countries are the most developed (which is not true since many Northern European countries, for example, have populations smaller than that of Burkina Faso). Thus, the idea of stopping the number of children per woman at three is seen by the latter as a means of destroying the less affluent peoples.

- **The position of progressives: mainly women and health professionals**

Another group of women and health professionals are in favour of stopping the number of pregnancies and children at some point, without necessarily stopping at three children per woman. This is justified for women because of the burden they face from pregnancy through childbirth to the postnatal period. For women, reducing or controlling the number of children contributes to their own development by taking away the pain of repeated pregnancies and childbirth that most men ignore. The following words from a woman in the Central region illustrate this:

> "It is because they (men) do not give birth that they cannot understand. We (women) carry pregnancies, face the pain of childbirth and other sufferings that we understand that we need to space or limit births. For me, I say to myself that even if the man does not agree that you should do family planning, it is better that you yourself are intelligent and know what it brings you or what it can do to you. Without your man's consent, you can make your own decision, take the necessary precautions to be able to flourish."

(Focus group woman, Ouagadougou, Burkina Faso).

Although some women support the idea of FP, they still feel that its promotion must be implemented with great care. It is therefore necessary to play a cat-and-mouse game to hope to convince men, especially those most reluctant to any idea of reducing or spacing births. The gradual implementation of FP, considering socio-cultural values, would then favour its anchoring in the social representations of men. And it is at this price that FP will begin to be adopted and the results will be sustainable. This is what emerges from the following testimony:

> "That's true, but you can't just jump up and adopt the idea of FP and limit the number of children per woman to three and think that people will accept it. This idea should be introduced gradually by showing its benefits and raising awareness. But if you suddenly decide on this, it creates problems. If, for example, a woman who has six or more children and another who has three children, if it turns out that the one with three children is more blessed than the one with six children, the women themselves would accept the idea of not having many children" (Female leader, Dedougou, Burkina Faso)".

Following the women, the views of the health professionals also contrast with those of many men and local leaders. Without rejecting out of hand the idea of stopping the number of children per woman at three, they advocate that this be done without any form of taxation. There is a fairly widespread view (as said before with a majority of women and a slight minority of men) that the number of children should be stopped at a certain point, depending on the means available for raising them. In other words, the number of children a woman should have should be proportional to her income level. One should not be fixated on the number of "three (3)" children per woman. This is what a health official suggested in these terms:

> "I would say that.... we must limit but we must not impose a certain number of children on everyone. Everyone should do what they can manage according to their means. (....) If you can take care of more than three children, why not make four; and if you cannot afford it, you make less than three (3)" (Health professional, Dédougou, Burkina Faso).

Another health professional maintains that the idea of limiting the number of births should not be rushed or imposed. For him, the social, cultural and even political context of Burkina Faso must be taken into account. He is indignant that politicians and development actors want couples to limit their offspring to three. This is contrary to the principles of democracy, which allows everyone to choose freely in their actions, provided that the rights of others are respected. According to him, embarking on such a project in a hasty manner could even provoke social contestation that could harm community life. This is reflected in

the following statements:

> "Limiting children to three? I have the impression that we risk going too fast. We are in a democracy, and it is not appropriate to impose the number of children that each citizen must have. The imposition of the number of children per woman could create a lot of confusion and noise" (Health professional, Gaoua, Burkina Faso).

5. Discussion

This study aimed, among other things, to gather people's perceptions on the final declaration of the Speakers of the National Parliaments of ECOWAS Member States, Mauritania, and Chad in July 2017 in Ouagadougou "calling on ECOWAS countries, Mauritania and Chad to work towards reducing their respective total fertility rates to no more than three children per woman by 2030". To our knowledge, this is the first study to gather the population's perception of this declaration, which has been in the news in various countries because of the sensitivity of the subject.

After periods of reluctance and weak political commitment by sub-Saharan leaders and policymakers to promote family planning programs to reduce high fertility levels (May, 2017a), the need to accelerate the fertility transition in SSA has prompted discussion and a desire to capture a first demographic dividend by accelerating fertility decline that would help open a demographic window of opportunity (Bado et al., 2022; Groth & May, 2017; May, 2017b). The declaration of the parliamentarians is therefore in line with a perspective of encouraging the control of fertility and therefore its reduction in ECOWAS countries where the average number of children per woman is among the highest in the world.

The results of the study show that there are discrepancies in the respondents' assessment of this statement. The study shows that the population did not understand the content of the declaration by the presidents of the national parliaments of ECOWAS countries, Mauritania, and Chad. Indeed, while the parliamentarians urged a total fertility rate of three children per woman, which was an average at national level, the population and even the media understood that the parliamentarians were asking to limit the number of children to three per woman, which is perceived as an imposition and a coercive policy like the one-child policy in China. Understood in this sense, this statement would be an opposition to reproductive rights, i.e. the right of individuals and couples to decide freely on the number, spacing and timing of their children, (as mentioned in Reproduction Law adopted in Burkina Faso in 2005, and recalled in the African Union's Roadmap of 2017) in order to ensure the necessary means and education of the children, as well as the right to attain the highest attainable standard of sexual and reproductive health and the right to make decisions concerning reproduction free of discrimination, coercion or violence (Gautier, 2000). In addition to the public's misunderstanding of the average of three children per woman, the parliamentarians' statement was not based on realistic data and as-

sumptions. Indeed, according to the average hypothesis of the United Nations projections for 2022, by 2030, only Cape Verde among the ECOWAS countries will have a TFR of less than 3 children (1.80). By that date, Burkina Faso's TFR is estimated at 3.9 children per woman on average and Niger's at 6.0 children per woman on average (UN Department of Economic and Social Affairs Population Division, 2022). In fact, it seems impossible for most of the countries concerned to reach three children per woman by 2030, given their current high fertility levels and low and slowly increasing contraceptive prevalence. Achieving such an outcome would require a very rapid reduction in the number of children wanted through an approach that seeks to reduce the demand for children, and major investments in human capital, family planning and the provision of contraceptives (Cleland et al., 2006). It would also require a visible strong-high-level political commitment, adequate funding, legitimisation of the idea of smaller families and broad media awareness of family planning. Such policies could contribute to fertility control (Shapiro, 2015) but this is still a very long way off in the region. Considering the context of our countries, where women's education levels are very low and contraceptive use rates are low, substantial investments in girls' schooling can also be an effective strategy for lowering fertility (Shapiro, 2015). Indeed, women's education increases the age of marriage, modifies the value system, and increases the temporal cost of having a child, all of which contribute to reduce fertility (Goujon et al., 2015; Kebede et al., 2022; Lurz & Goujon, 2001). Moreover, the family economy, especially agriculture, is still very important and relies heavily on human labour in Burkina Faso and in most African countries in general.

Clearly, the idea of stopping at three children, or more precisely of reaching an average of three children per woman in 2030, and beyond that the idea of controlling fertility and family size seems to divide opinion in about two equal parts, at least in Burkina Faso. On the one hand, there is a strong desire to have many children, which corresponds to the dominant discourse on this issue, but on the other hand, almost half of the respondents stress that it has become more difficult to raise many children nowadays, and are therefore in favour of the idea of controlling their family size. This result should be emphasised because it runs counter to the prevailing idea that the vast majority of the population still wants many children.

Among those who do not agree with this statement, the majority are men and religious leaders. They justify their positions by 1) the excess mortality of children and the need to have many children in order to hope that some will survive, 2) by the representation of children in society (children are a source of wealth and having many shows that one is socially valued); and 3) by religion because limiting the number of children per woman is contrary to the principles of the religion.

Yet, under-five mortality in Africa has declined markedly in recent decades regardless of economic developments. In the 1950s, it was common for 30% - 40% of children to die before the age of five, and there were few countries where

this proportion was below 20%. By the mid-1970s, by contrast, it was below 20% in many countries (Akoto, 1994; Molines et al., 2000). However, there is wide variation between countries and within countries between urban and rural areas and between regions. Despite the effective reduction in child mortality and the improvement in care, the fear of losing children remains among people, which partly justifies their pro-natalist beliefs and behaviour. Beyond the constraints linked to infant mortality and the belief that children are gifts from God, procreation is seen as the primary purpose of marriage and a union is stripped of all its substance if it does not contribute to the continuity of the family group through the constitution of descendants (Kouwonou, 1999). Thus, as studies based on Demographic and Health Surveys (DHS) show, the desire to have a high number of children is a major concern for women of reproductive age in sub-Saharan Africa (Ahinkorah et al., 2020). Hoffman and Hoffman (as cited in Yaya et al., 2018) have therefore identified nine values of children in a family, namely: 1) adult status and social identity; 2) expansion of self-immortality; 3) morality, i.e. religion, altruism and virtue; 4) primary group bonding and affection; 8) stimulation; 6) creativity and achievement; 7) power and influence; 8) social comparison and competition, and 9) economic utility (Yaya et al., 2018). With the persistence of pronatalist attitudes in most African societies, large numbers of offspring appear to be a reference value (Abe N'Doumy, 2013). This seems to be changing, although the ideal number of children according to the DHS conducted in Burkina Faso between 1993 and 2010 has changed little over this period (5.9 children in 1993 and 5.5 desired children per woman in 2010) (INSD, 1993, 2012), although this may have changed recently.

Defined in general by the set of beliefs, feelings, dogmas, and practices that govern the relationship of the human being with the sacred or the divinity, religion is considered a factor of social conditioning of demographic behaviour (Boco & Bignami, 2008) including fertility. This means that religion continues to influence the lives and daily behaviour of many families noticeably in sub-Saharan Africa, and as long as this is the case, we can expect it to influence population dynamics as well (Boco & Bignami, 2008). Studies in Burkina Faso have shown that religious leaders are important opinion leaders. They have a strong influence on communities and can play a key role in informing the community about fertility behaviour, contraceptive use and FP (Bado et al., 2020; Barro & Bado, 2021). The study found that religious leaders overwhelmingly stated that the use of modern contraceptive methods is contrary to the principles of religion (Barro & Bado, 2021). Along with husbands, religious leaders are among those often cited as opposing the use of contraception among women (Bado et al., 2020). Also, the number of children a woman desires is also determined by cultural norms regarding the gender composition of children (Thi et al., 2020).

Despite the hostile reactions that the parliamentarians' statement provoked, the results of the study show that it had the merit of posing the problem of fertility control and that of achieving the demographic dividend. For those who agree with this statement, they mainly mention reasons such as reducing the suffering

of women related to pregnancies and numerous deliveries by improving their health and well-being on the one hand, and on the other hand, they argue that the couple should have the free choice to decide on the number of children and when to have them. Changes in fertility behaviour as a result of the spread of contraceptive methods and their greater accessibility provided by family planning programmes offer women choices to space and control their demand for children.

The right to health is enshrined in numerous international and regional human rights treaties, including the 1948 Universal Declaration of Human Rights. The United Nations in 2000, defines the right to health not only as the provision of timely and appropriate health care, but also as the underlying determinants of health, such as access to safe and potable water and sanitation, access to adequate amounts of safe food, nutrition and housing, occupational and environmental hygiene, and access to health-related education and information, including sexual and reproductive health (Organisation Mondiale de la Santé, 2012). At the African level, the African Charter on Human and Peoples' Rights recognises women's right to health and identifies various measures to be taken by States to ensure the full implementation of the instruments (Organisation Mondiale de la Santé, 2012). In Burkina Faso, the law on reproductive health adopted in 2005 following the 1994 ICPD aims to improve sexual and reproductive health rights as a development priority. Also, the African Union's Roadmap "to reap the full benefits of the demographic dividend by investing in youth" commits states to improve health outcomes related to access to sexual and reproductive health, including family planning, to ensure that women can decide for themselves how many children they would like to have and the spacing of those children (Union Africaine, 2017a).

Empirical studies have shown that the proportion of women intending to limit childbearing ranges from a low of less than 10 per cent in Niger and Chad to a high of 53 per cent in Kenya in sub-Saharan Africa (Dibaba, 2009). Previous research has shown that women's fertility intentions are influenced by a variety of demographic, socioeconomic and programmatic factors. Indeed, women's fertility intentions vary according to women's age, number of living children, place of residence, education, and media exposure (Ahinkorah et al., 2020).

The percentage of women in sub-Saharan Africa who wish to stop having children when they feel they have reached the number of children they feel they can adequately raise appears to have increased, slowly but surely, in recent years. Overall levels remain lower, however, than in Asia and North Africa, where the level of demand for birth control still remains roughly between 40% and 60%. The implementation of programmes aimed at both creating awareness of the perceived negative effects of population growth and promoting norms of small family size, while establishing a system of contraceptive distribution (Guilmoto & Kulkarni, 2004) and the use of reversible contraceptive methods (Véron, 2006) for women who want them could help control fertility. Bongaarts, among others, argued that high fertility could be addressed through the full implementation of

family planning programmes by providing contraceptives and the necessary information (Bongaarts, 2011).

This study is not without limitations. Although we sought to explore people's perceptions of the ECOWAS parliamentarians' declaration on limiting children per woman, we don't know to what extend our findings are valid for the other countries of the region, due to cultural variations within and between countries. There is therefore a need to explore in similar studies the perceptions of the populations on this declaration in other ECOWAS countries. Also, the translation of audio files into French during transcription may affect the quality of the data. However, the research assistants at each site were carefully recruited based on their local and French language skills to minimise this limitation.

6. Conclusion

All in all, despite the hostile reactions that this recommendation provoked, it had the merit of putting the problem of controlling fertility and family size into a broader context, that of achieving the demographic dividend and population and development policies. The results of the studies clearly indicate that the idea of controlling family size is much more widely supported than that might have been assumed. The fact remains that this target of a total fertility rate (TFR) of three children per woman in the countries concerned in 2030 was not based on any study, even though there are tools that make it possible to link an increase in contraceptive prevalence with a decrease in the level of fertility. The results underline both the complexity of the issues of how many children to have for both those who already have many children and those who are just starting out in their fertile lives, topics that are not well addressed in the scientific literature. The debate between the proponents and opponents of birth control within couples is still ongoing, and fertility control issues are still taboo subjects. They should be more widely discussed, based on survey results and facts without dogmatic attitudes by researchers, media people and policymakers.

Ethical Considerations

The research protocol was submitted to the ethics committee of the Centre National de Recherche et de Formation sur le Paludisme (CNRFP), one of the research centres of the Ministry of Health of Burkina Faso authorised to give ethical approbation on research protocols. This protocol was presented to the ethics committee in its session of 13 December 2019, which issued a favourable opinion for the continuation of the research project by deliberation No. 2019/0013/MS/SG/CNRFP/CIB. All respondents gave their consent before the interviews by questionnaire and interview guide.

Data Availability Statement

The original contributions presented in the study are included in the article. Further inquiries can be directed to the corresponding author.

Author Contributions

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

Funding

This work was funded by the Agence Française de Développement (AFD) through a funding agreement to be granted to the West African Health Organisation (WAHO) for the DEMSAN project.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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