

Chapter 4 — Fertility Levels and Trends (Ethiopia with a Global Lens)

This chapter explains how many children people are having in Ethiopia today, how that has changed over time, and how Ethiopia compares with other countries. We avoid technical language as much as possible and use plain, everyday explanations. Where we mention a standard demographic term, we also say what it means in simple words. The goal is to help readers understand what shapes family size now and in the future, why fertility matters for schools, jobs, health, and the economy, and how the same ideas are used around the world.

4.1 What Do We Mean by “Fertility”?

In demography, fertility means childbearing—how many children women have and at what ages. Two simple pictures help. First, the number of babies born in a given year tells us the size of the new generation. Second, the ages at which those babies’ mothers gave birth tell us how childbearing is spread across life—mostly in the 20s and 30s, sometimes in the teens or 40s.

Because Ethiopia is a young country, many women are in their childbearing years. Even if each woman has fewer children than in the past, total births can still be high simply because there are so many potential mothers. This is called the “population momentum” effect: a young age structure keeps births high for a while even as family size falls.

4.2 Key Everyday Indicators (Explained Simply)

- **Birth rate (Crude Birth Rate, CBR):** the number of babies born in a year for every 1,000 people in the country. It mixes everyone—children, men, older people—so it is easy to understand but rough.
- **General Fertility Rate (GFR):** the number of babies born in a year for every 1,000 women of childbearing age (usually ages 15–49). This is more focused because it looks only at women who could have a birth.
- **Age-Specific Fertility Rate (ASFR):** how many births women have at each age (e.g., 15–19, 20–24, ..., 45–49). This shows when most births happen and whether teen childbearing or late childbearing is common.

- Total Fertility Rate (TFR): add up those age-specific rates to get the average number of children a woman would have over her lifetime if current patterns stayed the same. TFR is the workhorse measure of family size.
- Replacement level: roughly a TFR of about 2.1 in many countries. At that level, each generation is about the same size as the one before it, if deaths and migration are not changing things much.

4.3 Ethiopia's Big Picture

Over the last three decades, Ethiopia's average family size has fallen a lot, especially in cities. Urban women now tend to have far fewer children than rural women. Education, later marriage, better access to family planning, and the costs and opportunities of raising children (schooling, jobs, moving to towns) all play a role. Even so, Ethiopia remains above replacement level overall, which means the population will likely continue to grow for some time.

One more point: change does not happen at the same speed everywhere. Some regions moved early and fast, others later and more slowly. Understanding these differences helps planners target services fairly.

4.4 Period vs. Cohort Fertility (Two Ways to Look at the Same Story)

- Period fertility looks at this year's situation—what is happening right now. The TFR you often see in headlines is a period measure. It answers: "If women this year experienced these age-specific rates throughout their lives, how many children would they have?" That is a "what-if" summary of today.
- Cohort fertility follows a group of women born in the same year (for example, women born in 1985) until they finish childbearing. It answers: "How many children did this group actually end up having?" Cohort measures are real outcomes, but we learn them only after time passes.

Both views are useful. Period measures react quickly to changes (like a pandemic or economic shock), while cohort measures give the final, lasting outcome for a generation.

4.5 Timing (Tempo) and Quantum (How Many)

Two levers shape fertility change. The first is timing: people may delay births to later ages (for example, finishing school before starting a family). The second is quantum: people may decide to have fewer children overall. If many women postpone births, the period TFR can drop for a while even if they plan to have the same total number eventually. That temporary dip is called a “tempo” effect.

4.6 Teenage Childbearing

Births to girls aged 15–19 raise health risks for mothers and babies and often disrupt schooling. Reducing teen pregnancy requires the basics: keep girls in school, prevent child marriage, provide life-skills education, and ensure respectful, youth-friendly health services. In Ethiopia, progress has been made, but gaps remain in some regions.

4.7 Urban–Rural and Regional Patterns

Cities tend to have lower fertility: schooling is longer, housing is more crowded and expensive, and jobs outside the home are more common. Rural areas often see earlier marriage and larger desired families, especially where livelihoods depend on family labor and where child survival used to be lower. In Ethiopia, these differences are clear between Addis Ababa and many rural regions, and also between highlands and lowlands.

4.8 Desired Family Size and Family Planning

Fertility falls when desired family size falls and when people can act on their preferences. Access to reliable contraception, respectful counseling, and method choice help couples plan births—spacing or limiting as they wish. Reducing “unmet need” (people who want to avoid pregnancy but are not using a method) is a quick, humane win for health and women’s empowerment.

4.9 Child Survival and Fertility

When more children survive, parents often choose to have fewer births. Better water and sanitation, vaccines, nutrition, and primary health care all improve survival. This is one reason health gains and fertility decline often travel together over the long run.

4.10 Education, Work, and Urbanization

Education—especially for girls—tends to delay marriage and first birth, raise aspirations, and support informed choices. Urban living and growing job opportunities also encourage later and fewer births. These transitions are well underway in Ethiopia’s towns and cities and are spreading to smaller urban centers.

4.11 Migration and Fertility

People moving from rural areas to cities often adopt the lower fertility common in urban settings. International migrants may also change their childbearing patterns to fit the norms and costs of destination places. Internal migration within Ethiopia, and return migration after conflict or drought, can shift local birth numbers even when the national average changes slowly.

4.12 Looking Ahead: What Could Happen Next?

Ethiopia’s fertility will likely continue to fall, though not at the same speed everywhere. Progress depends on keeping girls in school, increasing economic opportunities, improving child survival and nutrition, and making family planning easy, affordable, and respectful. If the country reaches around two children per woman over time, the population would keep growing for some decades due to the large number of young people, then stabilize. Good planning now—schools, jobs, housing, and health systems—can turn this shift into a “demographic dividend,” where a larger share of the population is working and supporting development.

Notes for Readers

- Plain-language definitions: Throughout this chapter we used everyday explanations for standard measures. If you want the precise formulas (e.g., how the Total Fertility Rate is calculated from age-specific rates), see the technical appendix in earlier sections of this book.
- Data sources: In Ethiopia, fertility patterns are mainly tracked through the Population and Housing Census, Demographic and Health Surveys (DHS), and PMA surveys, with complementary information from civil registration and health facility data. International comparisons draw on the UN World Population Prospects and World Bank data.