Religious Fertility Differences in West Africa: Their Economic, Medical and Geographic Roots

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Abstract:

Around the world, Muslims tend to have higher fertility rates than those around them, and nowhere higher than in Sub-Saharan Africa. Given the balance of power between Christians and Muslims in many West African states, fertility differences could predict the political future of the region. While religion and fertility are highly correlated, the research on whether religion causes fertility differences is inconclusive. This study uses Demographic and Health Survey data from nine West African countries to first assess the variation in the proximate determinants of fertility across different religious populations in the region. Then, it examines the power of religious and economic variables to explain those differences. Finally, it employs the location of Christian missions as an instrument for religious composition today, from which it fails to reject the hypothesis that Christian missionaries, through both conversion and education, may have caused the Christian-Muslim fertility differences today.

Introduction

Sub-Saharan Africa has the highest fertility rate and youngest population of any region, according to Pew Research Center's report (2025) on international demographic trends from 2010 to 2020. Its population was 62% Christian and 33% Muslim in 2020, which are the religious groups with the two highest fertility rates according to the same report—Christians at 2.7 children per woman and Muslims higher at 3.1 children per woman. Some countries like Nigeria have large shares of both groups and have historically carefully balanced political power between the two to maintain peace (Owonikoko 20205). Changes in the religious composition of Africa could have major implications for national cohesion and international cooperation, and fertility differences between the two religions are a major driver of that change.

While fertility and religion are strongly correlated, there is significant debate about whether religion might have a causal link to fertility. Several scholars have analyzed the link between religion and factors related to fertility, like education and sexual behavior. Alesina, Hohmann, Michalopoulos and Papaioannou (2022) study the link between religion and intergenerational change in education in Africa. They find a significant difference in intergenerational educational mobility between Christians and Muslims, with Christians experiencing more mobility. This difference persists when controlling for district factors, economic factors, and family composition. Amy Adamczyk and Brittany E. Hayes (2012) look at the relationship between religion and extra-marital sex, with higher rates of pre- or extra-marital sex being associated with lower numbers of children. They find that not only is religion highly correlated with the likelihood of engaging in sex outside of marriage, but also the Muslim population share of a country is negatively correlated with sex outside of marriage regardless of the individual's religion. Finally, Anke Becker (2022) finds a relationship between cultural

practices intended to prevent female promiscuity and reliance on pastoral agriculture. Islam was transported south across the Sahara by nomadic herders, and my data confirms a strong correlation between Muslim identity today and historic reliance on pastoral agriculture.

This study looks to assess the importance of religion in explaining fertility differences in nine West African countries, first considering the differences between the populations in their proximate determinants of fertility, then assessing to what extent religion and other economic factors explain those differences. This study relies on data on women from the Demographic and Health Surveys (DHS) from 2008 to 2018. In addition, this study will assess the potential causal relationship between religion and the proximate determinants of fertility in West Africa using an instrumental variable based on ethnic group-level exposure to Christian missionaries. I find that differential rates of contraceptive use and sexual activity are the driving proximate factors behind the fertility differences between Muslim and Christian women in West Africa, and that, while economic factors play a significant role in exacerbating those differences, religion remains a robust potential explanation for differences in fertility rates. [Final findings still forthcoming]

Revised Bongaarts Model of Fertility

The total fertility rate (TFR) of a population, i.e. the average number of children produced by each woman in a given population over her lifetime, is largely a product of a handful of factors both behavioral and medical. John Bongaarts laid out the comprehensive framework for these proximate factors in 1978, which was then revised by John Stover in 1998 largely to make use of the improvements in data quality made in the last twenty years. This paper will largely follow Stover's revised model, which is:

$$TFR = C_x * C_i * C_u * C_a * C_f * PF$$

where C_x is the index of sexual activity, C_i is the index of post-partum insusceptibility, C_a is the index of abortion rates, C_f is the proportion of women who are infecund (temporarily or permanently unable to conceive for reasons other than post-partum insusceptibility), C_f is the index of contraceptive use, and PF is the index of potential fertility, meaning the number of children a woman would have if none of the other factors came into play.

In this study, TFR is calculated as:

$$TFR = \sum_{a=15}^{50} b(a)$$

where *b(a)* is the average number of births in the last year for all women of age *a.*

C_x captures the unrealized fertility from women who are not sexually active during their period of potential fertility (in this study, ages 15-50). Because individual fecundability changes over a lifetime, being sexually active at certain ages involves more of a risk of pregnancy than at others. Because of this, I use a formula for C_x based more on Bongaart's original C_m (index of marriage) that takes variation in fecundability into account:

$$C_x = \frac{\sum(s(a)/b_s(a))}{\sum b_s(a)}$$

where $s(a)$ is the age-specific share of women who have been exposed to the risk of pregnancy in the last month, including those women who have been sexually active in the last month or who are pregnant or are abstaining post-partum; and $b_s(a)$ is the age-specific average number of births among women who have been exposed to pregnancy in the last month.

C_i captures the unrealized fertility due to insusceptibility to pregnancy following a recent birth. This includes both lactational amenorrhea (the period of lactation during which a woman is not able to conceive) and post-partum abstinence. C_i is calculated as:

$$C_i = 20/(18.5 + i)$$

where i is the average duration in months of post-partum insusceptibility.

C_u captures the unrealized fertility due to contraceptive use. Because many different methods of contraception are in use in any given population, all with different rates of effectiveness that can also vary across populations, C_u is calculated as:

$$C_u = 1 - \sum_{c=1}^{n} u_c e_c$$

where u_c is the usage rate of contraceptive c in the population and e_c is its rate of effectiveness, calculated from the share of people who report using contraceptive c for the entirety of the last year who also report experiencing a pregnancy in the last year. Those who are pregnant or insusceptible post-partum but report using contraceptive are excluded from the calculation of u_c.

C_a captures the unrealized births due to abortion. Because after an abortion a woman may be able to conceive again more quickly than if she had carried the pregnancy to term, one abortion reduces a woman's lifetime fertility by somewhat less than one birth. Therefor C_a is calculated as:

$$C_a = \frac{TFR}{TFR + 0.4(1 + u * e) * TAR}$$

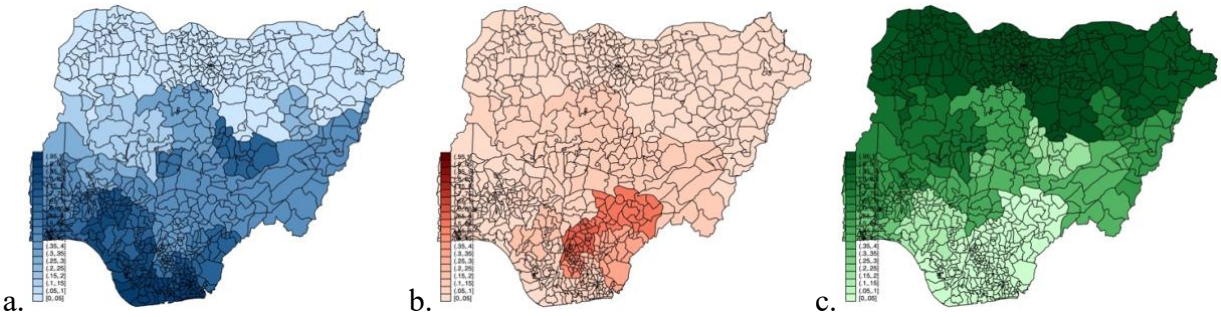
where TAR is the total abortion rate, calculated as the sum of age-specific average number of abortions undergone in the last year.

Finally, C_f is calculated as the share of women who are not infecund, where infecund is defined as a woman who has been sexually active, not using contraceptive, and has not given birth in the last five years. Added to this list are women who report being infecund or sub-fecund.

Data

Data for this study comes from two waves of DHS surveys covering 2008 to 2018 in nine West African countries. That includes Muslim-majority countries like Sierra Leone (80.1% Muslim) and Burkina Faso (67.4% Muslim), Christian-majority countries like Ghana (71.3% Christian) and Cameroon (69.8% Christian), as well as countries that are somewhere in the middle including Benin, Chad, Ivory Coast, Guinea Bissau and Nigeria.

Even within the more mixed countries like Nigeria, however, religion is distributed along geographical lines. Nigeria was 43.4% Christian and 56.1% Muslim in 2020 according to Pew Research, with Muslims making up the majority of the northern states and Christians, both Protestant and Catholic, dominating the south.



[Figure 1: Religious concentration by state in Nigeria. 1a. – Protestant shares. 1b. – Catholic shares. 1c. Muslim shares. Source: DHS Nigeria 2013]

`This study will focus primarily on the categories of "Muslim" and "Christian." The dataset includes distinctions between Protestants and Catholics in seven out of the nine countries, but as Protestants and Catholics show fewer differences between them, and the number of Catholics captured is relatively small, this dataset does not have the power necessary to make inferences about the differences between Protestants and Catholics in most cases. The "Other" category, as used in this paper, includes people of African traditional religions and people of no religion, as well as people who belong to any religion outside Islam or Christianity, like Hinduism or the Baha'i faith. In some countries, "no religion" and/or African traditional religions were measured as a separate category, but not consistently. "Other" religion is offered in places for comparison, but few conclusions can be drawn from such a composite category.

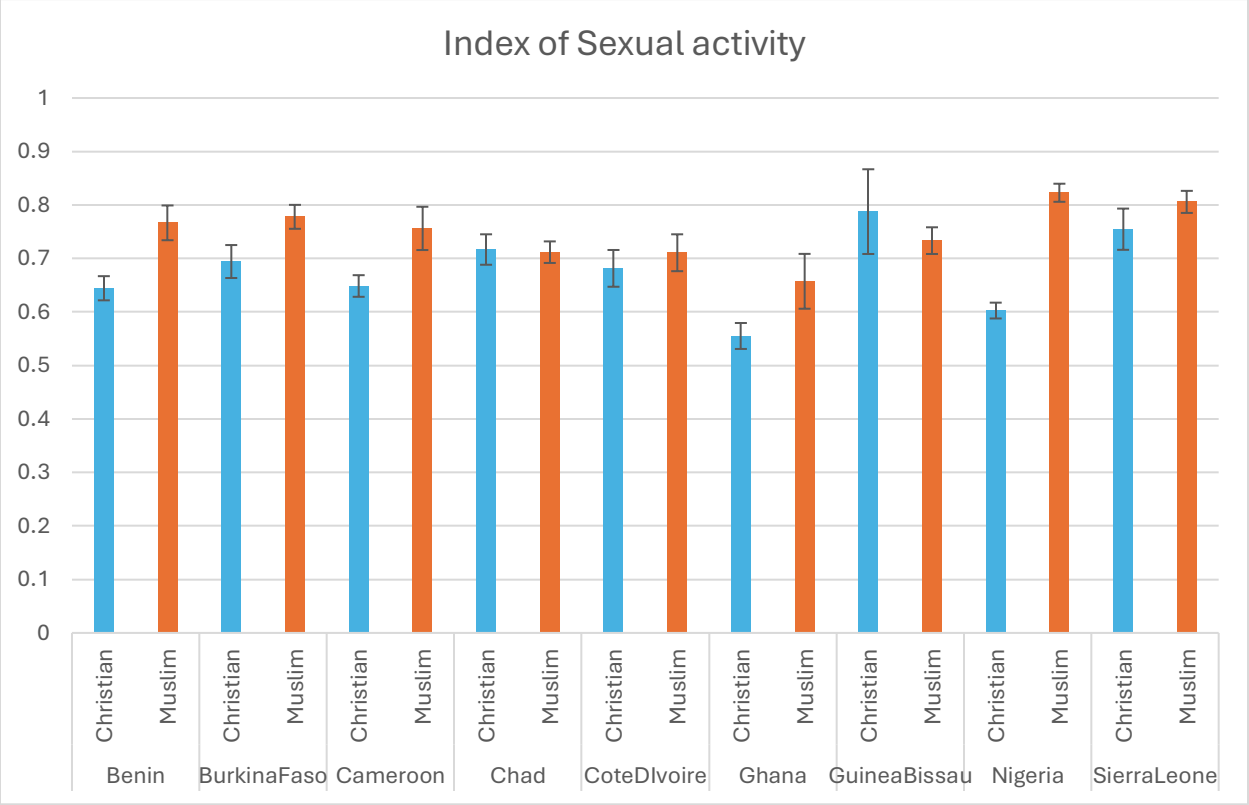
Differences in Proximate Causes

Across the nine-country sample, Christians show a significantly smaller total fertility rate than Muslims or those of other religions (5.2 children per woman compared to 6.5 and 6.7 respectively). Table 1 shows the various contributions to this difference from the various proximate factors.

[Table 1: Insert table with all Bongaarts indices (just Muslim and Christian to allow for confidence levels?)]

The index of sexual activity shows one of the larger differences between religious groups, with Christian women experiencing a 35% decline in their fertility due to periods of sexual

inactivity compared to 23% for Muslim women and 27% for women of other religions. When comparing women of different religions in different country contexts, this relationship holds in five out of the nine cases; in the other four, the difference is not significant.

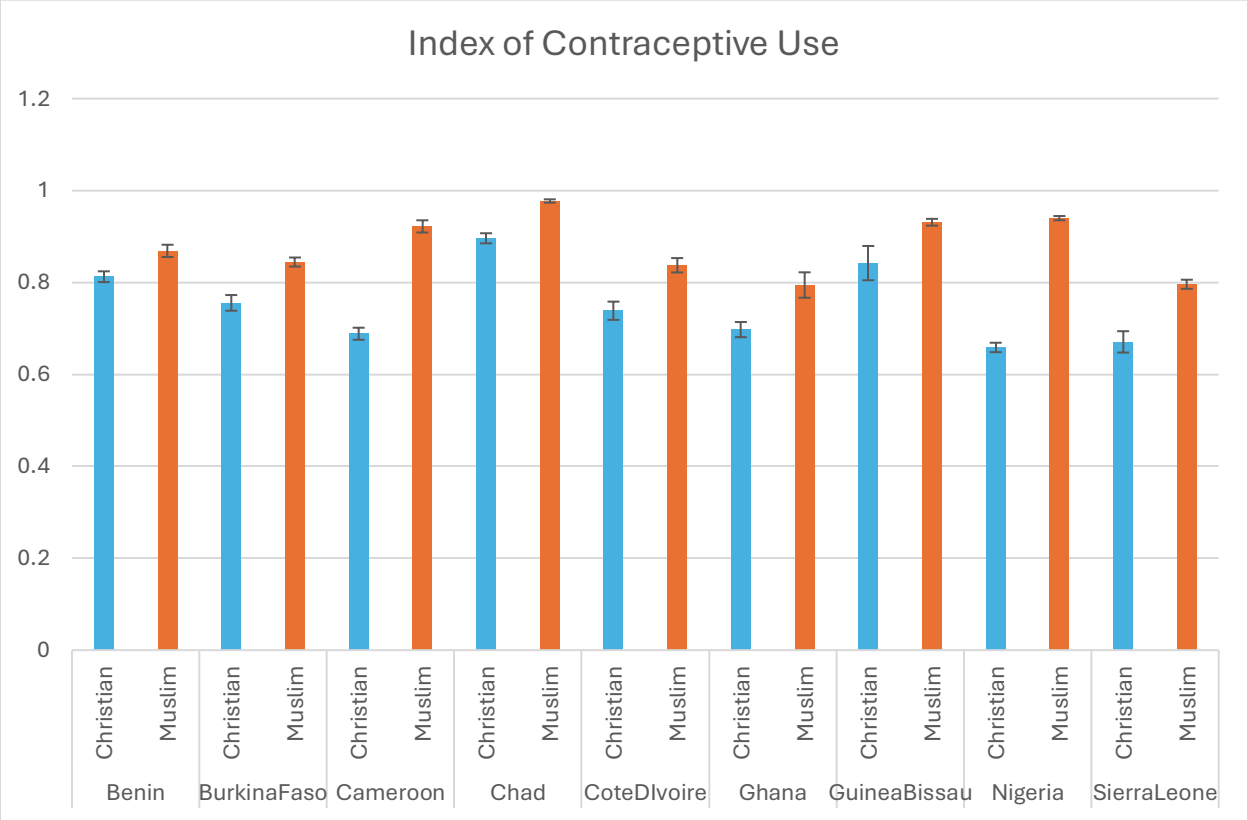


[Figure 2: TKTK]

The index of post-partum insusceptibility shows no significant variation across religion when considering the nine countries separately or as a whole. Less than half of the respondents in the sample meaningfully answered the questions on breastfeeding and post-partum amenorrhea, but that still leaves more than 30,000 Christians and 40,000 Muslims in the dataset which suggests a meaningful similarity in the population around post-partum insusceptibility.

The index of contraceptive use is the second factor that shows major differences between the different religion samples, with Christians experiencing a 27% decrease in realized fertility

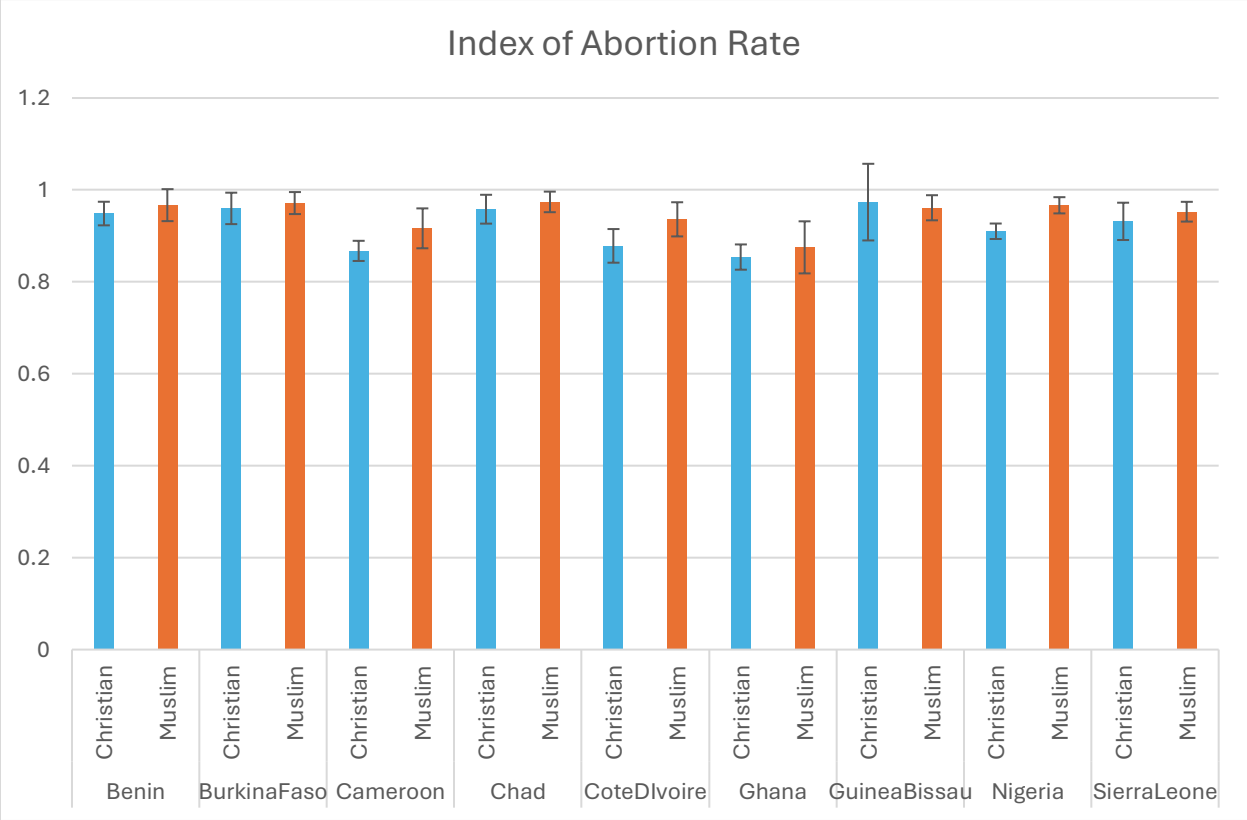
due to contraceptive use, compared with 11% for Muslims and 12% for those of other religions. This pattern is so consistent that in all nine countries Christians experience a statistically significant decrease in fertility due to contraception compared to Muslims at a 99% confidence rate.



[Figure 3: TKTK 99% Confidence intervals]

At the regional level, the index of abortion rate has a significantly larger effect on Christian women than Muslim women, with Christian women experiencing an 8% drop in realized fertility due to abortion, while Muslim women experience a 4% drop and women of other religions a 5% drop. However the difference is small enough that only Nigeria, whose sample size is twice as large as the other countries involved, has a significant difference at the national level. This could also be because of difficulty in measuring, or underreporting of,

abortion rates. In future work, I hope to calculate an alternate estimate that would successfully capture abortion as well as miscarriage and stillbirth, known as fetal wastage (Laelago, Habtu & Johannes 2019).



[Figure 4: TKTK]

Like abortion, the effect of infecundity is significant at the regional level but much less so at the national level, with only Nigeria and Benin showing a statistically significant difference between Christians and Muslims. Overall, Christians experience a 25% decrease in realized fertility due to in- or sub-fecundity whereas Muslims experience a 24% decrease, as do women of other religions.

This could reflect a difference in infecundity due to natural causes like illness and malnutrition, but this could also reflect an underreporting of contraceptive use, as Christian

women already report higher. The DHS surveys offer rich medical as well as fertility details, so I hope to be able to tease out the role of each source of sub-fecundity in future work

Finally, the estimated potential fertility also varies significantly between religious groups, with Christian women giving a potential fertility of 23 children per woman, Muslim women 18, and women of other religions 22. This estimate captures both the potential error in the measurements used to calculate the other indices as well as the potential role of factors not captured in those other indices.

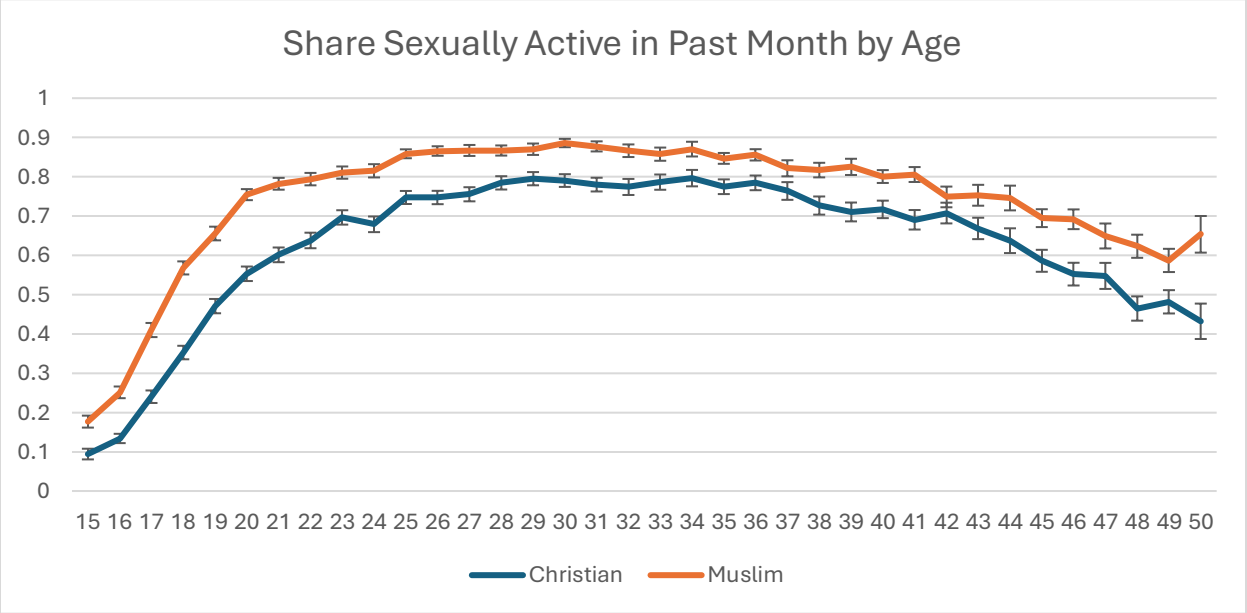
Underreporting of abortion rates is a historic problem and so may be a source of error. Underreporting of contraceptive use, on the other hand, is less likely to cause a distortion because those not captured in the index of contraception are likely to be captured in the index of sterility.

Other factors originally proposed by Bongaarts, Frank and Lesthaeghe (1984) are already accounted for in the revised Stover model. For example, periods of prolonged spousal separation due to labor migration, are now captured because of the change from index of marriage to index of sexual activity. However there remain some unaccounted for factors like frequency and timing of sex within the four week period used as the cutoff for the index of sexual activity, as well as the type of sex. Such factors, however, are beyond the ability of this dataset to explore.

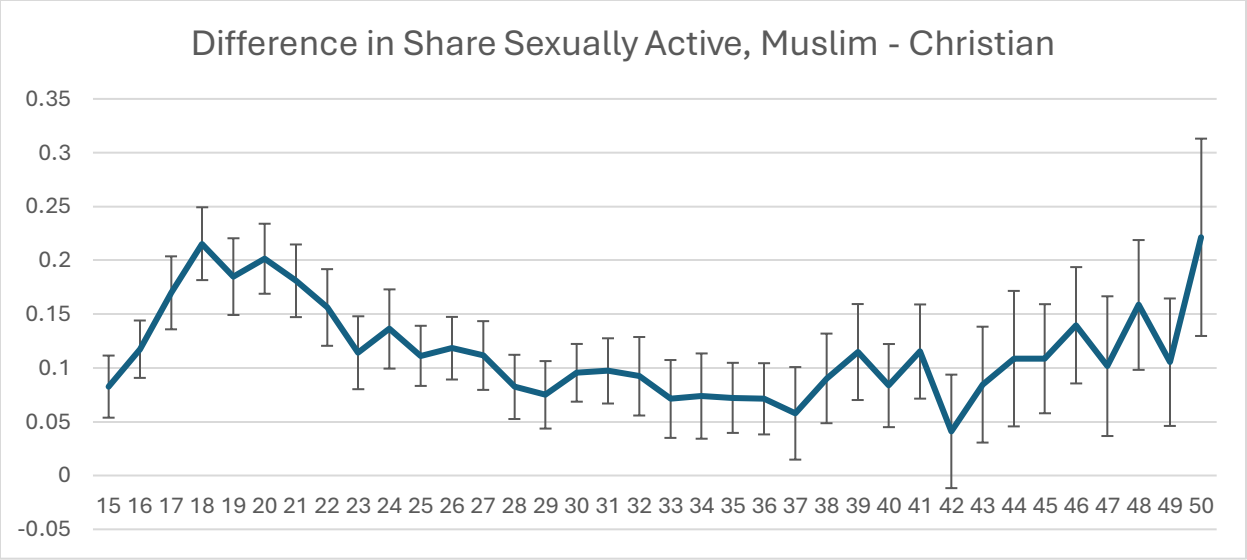
The following sections will more deeply examine those factors that contribute the most to the different rates of realized fertility between Christian and Muslim women, namely rates of sexual activity, contraceptive use, and rates of abortion.

Sexual Activity

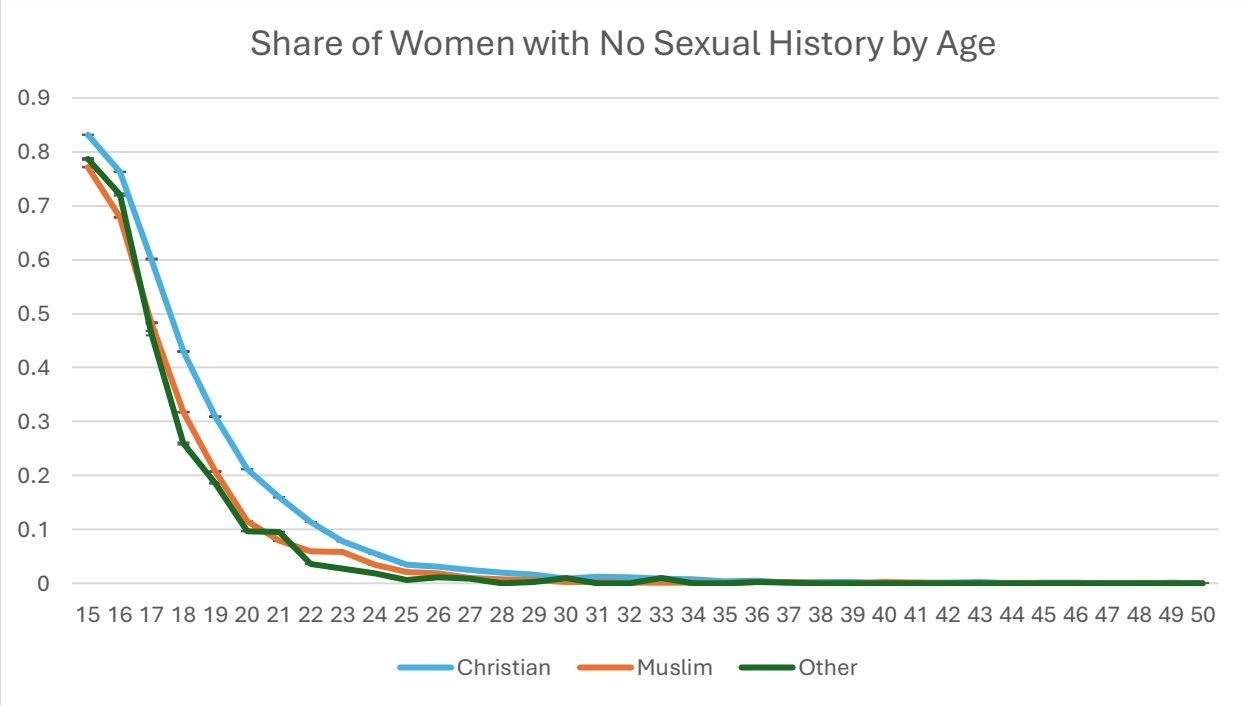
Christian women are less likely than Muslim women to be sexually active across multiple measures, including share of women who have been sexually active in the last month, age at first sex, and share who have never had sex. The share of Christian women who have been sexually active in the last month is lower than that of Muslim women for every one-year age group from 15 to 50 (Figure 5). The difference in shares between Muslim and Christian women is remarkably consistent at around 12 percentage points, though it is slightly higher from approximately ages 17 to 22 and after age 45 (Figure 6). Christian women also have a higher average age at first sex (17 vs. 16) and at first cohabitation with a partner (19 vs. 17) than Muslim women. Finally, at virtually all ages Christian women are more likely to have never had sex than are Muslim women (Figure 7).



[Figure 5: TKTK]



[Figure 6: TKTK]



[Figure 7: TKTK]

To ascertain whether or not a woman's ability to choose whether or not to have sex plays a role in this discrepancy, I use a survey question on whether or not the respondent feels they can

refuse sex, with those who responded ‘yes’ in one category and those who responded ‘no’ or ‘unsure’ in the other. More Christian women reported being able to refuse sex, but Muslim women showed very little difference in their rates of sexual activity based on their ability to refuse sex, while Christian women showed a much larger difference (Table 2). Christian women who report being unable to refuse sex are on average 3 percentage points less likely to be sexually active than Muslim women who both can and cannot refuse sex, and Christian women who report being able to refuse sex are 3 percentage points less likely to be sexually active than their coreligionists.

Table 2: Share

	Christian	**Muslim**
Can Refuse Sex	73.66%	50.59%
Cannot Refuse Sex	23.67%	45.72%
Unsure	2.67%	3.69%
	Share sexually active in the last month	
Can Refuse Sex	82.67%	88.24%
	$(2.51 * 10^{-6})$	$(2.04 * 10^{-6})$
Cannot Refuse Sex/Unsure	85.58%	88.76%
	$(3.90 * 10^{-6})$	$(2.03 * 10^{-6})$

When treating being sexually active as the dependent variable in a probit model, I find a strong correlation with religion that remains strong even when including other economic variables like the woman’s level of education, the level of wealth of the household, whether the woman lives in an urban or rural setting, and whether the woman is employed.

Table 3: Regression of Sexually Active (Probit)

		All	Can Refuse	Cannot Refuse
Religion (compared to Christian):				
	Muslim	0.171***	0.131***	0.016***
	Other Religion	0.038***	0.056***	-0.054***
Level of Education		-0.101***	-0.030***	-0.039***
Level of Wealth		$-3.34 * 10^{-7}$ ***	$1.05 * 10^{-7}$ ***	$-1.78 * 10^{-7}$ ***
Urban/Rural		-0.170***	-0.108***	-0.034***
Employer (compared to no employment):				
	Works for family	0.069***	0.064***	0.018***
	Works for non-family	0.135***	0.038***	-0.092***
	Works for self	0.290***	-0.027***	-0.047***

*** significant at the 0.01 level. Controls include country of residence and year of birth.

Being Muslim is correlated with a higher likelihood of being sexually active compared to Christians and members of other religions. More education, more household wealth, and living in an urban area is correlated with a lower likelihood of being sexually active. Working is associated with a higher likelihood of being sexually active regardless of whom one works for. However, limiting the sample to just those who report being able to refuse sex results in one major change: the direction of the coefficient on wealth changes to positive, meaning, among women who can refuse sex, more wealth is associated with a higher likelihood of being sexually active.

Table 3: Regression of Age at First Sex (Probit)

Religion (compared to Christian):		
	Muslim	-0.309***
	Other Religion	-0.145***
Level of Education		0.455***
Level of Wealth		$2.63 * 10^{-6}$ ***
Urban/Rural		0.122***
Employer (compared to no employment):		
	Works for family	0.084***
	Works for non-family	0.410***
	Works for self	-0.073***

*** significant at the 0.01 level. Controls include country of residence and year of birth.

Religion is also strongly correlated with the age at which one first had sex, robust to the inclusion of economic controls. Being Muslim is associated with a lower age at first sex compared with Christians and those of other religions, whereas more education, more wealth and living in an urban setting are associate with a higher age at first sex.

Contraceptive Use

Correlates of Religion

This study has shown strong correlations between Christianity, the proximate causes of lower fertility like higher contraceptive use and lower rates of sexual activity, and the correlates of higher socioeconomic status like education, household wealth and urban residence. And indeed there is a large literature dating back to Weber that associates Protestant Christianity, which is the majority strain in West Africa, with higher levels of literacy, education, and economic success (TKTK). However, before one can make any assumptions about the relationship between religious doctrine and things like economic success in West Africa, one must consider the particular history of Christianity in the region.

The introduction of Islam to West Africa is hard to trace, both because of the temporal distance between it and us, and because of the myriad methods and waves through which it spread. Christianity, on the other hand, was introduced relatively recently as part of a deliberate effort by European colonizers through networks of Christian missions. These missions frequently

offered services to potential converts, especially European-style education and healthcare (Nunn 2010). They opened schools and hospitals which then became the basis for national educational and healthcare systems. Because of this history, areas with larger Christian populations are more likely to have access to better education and healthcare today, while Muslims may be skeptical of the services of even newly established schools and hospitals because they are seen as an outgrowth of the earlier missionary system. In addition, Christian missions spread from the coasts to the interior along major waterways and later railway lines, which means the areas with more Christians are also likely to have easier access to domestic and international trade routes.

To understand what effect, if any, religion in and of itself has on fertility rates requires unpicking the relationship between religion, education, healthcare and geography.

Religion and Geography

Studies suggest that different environments can have differential effects on the relationship between religion and other social variables studied. Adamczyk and Hayes (2012), in their study of religion and extramarital sex, found that for every 1 percentage point increase in the Muslim share of a country's population, there was a 2 point decrease in an ever-married woman's likelihood of having engaged in pre-marital sex. Alesina et al. (2022) studied religion and education in Sub-Saharan Africa and found that, while Muslims and Christians benefit equally from moving early in life to areas with better intergenerational educational mobility, Muslims were much less likely to do so than Christians. The public-use DHS dataset does not allow for tracking mobility of respondents, but by comparing predominantly Muslim and predominantly Christian areas, distinct patterns in religious fertility emerge.

Table 4 shows variables averaged over religion and type of region where the respondent lives. The regions are divided into three categories: overwhelmingly Christian regions, where Christians outnumber Muslims by more than 25 percentage points; overwhelmingly Muslim regions, where Muslims outnumber Christians by the same; and mixed regions, where the shares of Muslims and Christians are within 25 percentage points of each other. This table shows that many of the differences between Muslims and Christians are driven significantly or entirely by Muslims in overwhelmingly Muslim areas. For example, while overall Muslims own significantly less wealth than Christians (-13472 vs. 26297), Table 4 shows that Muslims in overwhelmingly Christian areas are on average wealthier than their Christian neighbors. In overwhelmingly Muslim areas, by contrast, Muslims are on average much less wealthy than their Christian neighbors, and in mixed areas Muslims are only slightly less wealthy.

Muslim women in Christian-dominated areas also have more education than Muslim women in other areas, as well as higher child survival rates, higher ages at first cohabitation, lower age differences between them and their partners, and a higher likelihood of having a female head of the household.

Muslims are also more likely than Christians to live in urban areas in Christian-dominated or mixed areas, while remaining less likely than Christians to live in Urban areas overall. This suggests that mobility may be key to explaining the differences between Muslims in Muslim-dominated areas versus elsewhere, with Muslims who are willing or able to move having decidedly different characteristics than those who do not move.

Table 4: Variation Across Regions with Different Majority Religions

Variables	Predominantly Christian			Roughly Equal			Predominantly Muslim		
	Total	Christian	Muslim	Total	Christian	Muslim	Total	Christian	Muslim
Urban	0.477	0.490	0.626	0.425	0.442	0.474	0.247	0.331	0.238
	(3.64E-6)	(4.10E-6)	(1.11E-5)	(4.35E-6)	(6.39E-6)	(6.70E-6)	(2.81E-6)	(8.33E-6)	(3.05E-6)
Wealth Index	25815	30176	52175	17327	29858	22518	-26905	1393	-30168
	(0.700)	(0.780)	(2.471)	(1.086)	(1.710)	(1.561)	(0.580)	(1.972)	(0.606)
Woman's level of education	1.64	1.83	1.29	1.08	1.54	0.75	0.40	0.95	0.32
	(1.16E-5)	(1.32E-5)	(3.45E-5)	(1.30E-5)	(2.03E-5)	(1.76E-5)	(6.53E-6)	(2.55E-5)	(6.39E-6)

Religion and Education

This section will include an instrumental variable regression using historic ethnic group-level exposure to Christian missionaries as an instrument to regress various proximate factors of fertility on Christian share and education.

Religion and Healthcare

This section will include detailed analysis of the variables in the DHS surrounding access to healthcare and their relationship to contraceptive use, sterility, abortion rates etc.

Conclusion

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