



Migration from Africa to France: New Findings on Fertility Change

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“Migration from Africa to France: New Findings on Fertility Change”

by **The Project on Collaborative Research: Migration and Fertility**

A joint effort between the Institute for Policy Research at Northwestern University and the Population Research Center at the University of Texas at Austin

Introduction

International migration is one of the most pressing social issues of our time. In France, the setting of our study, questions around migration are central in the 2022 French [presidential election](#). However, there is considerable misinformation about how migration affects key life outcomes. This is particularly true for our understanding of whether migration changes how many children people decide to have. In this study, we focus on women who migrate from West and Central African countries—which have some of the highest childbearing rates in the world—to France, a country with much lower childbearing rates. We ask: **Do African migrant women to France adjust their childbearing to resemble more closely that of French women, or once in France, do they continue bearing children more like women in their home countries?**

A New Approach for Research on Migrant Women and Fertility

Research on migration often compares migrant women’s childbearing to that of women in destination settings to discover if migration is associated with changes in the number of children people have. Compared with women in destination countries, migrant women may appear to have many more children. For example, Table 1 shows the Total Fertility Rates (TFRs)—or average number of children that a woman would have over her lifetime. It shows that women in the six West and Central African origin countries had more than five children during the study period, compared with two children for France over the same period.¹

However, understandings of migration and fertility change may differ if migrant women are compared with women in their origin countries with whom they share a common history and culture, among

¹ TFRs are calculated based on the assumption that women will experience the current Age-Specific Fertility Rates (ASFRs) throughout their lifetime and survive through the end of their period of reproduction.

many other similarities. In this study, we conduct a multisite analysis that compares migrant women's childbearing to both women in their home countries and women in the destination country.

We standardize and combine nationally representative survey data on women from six high-fertility West and Central sub-Saharan African (SSA) countries using the [Demographic and Health Surveys \(DHS\)](#) data, and on migrant women in France from six high-fertility African countries using the [Trajectories et Origines \(TeO\)](#) survey (see Table 1). This multisite perspective, where we compare migrant women to both natives in the destination country and individuals from their countries of origin, provides a better understanding of whether migrant women adapt to the childbearing patterns in their destination setting.

Table 1. Data Source, Years, Total Fertility Rate (TFR), Contraceptive Prevalence and Modern Methods, and Unmet Need for Contraception

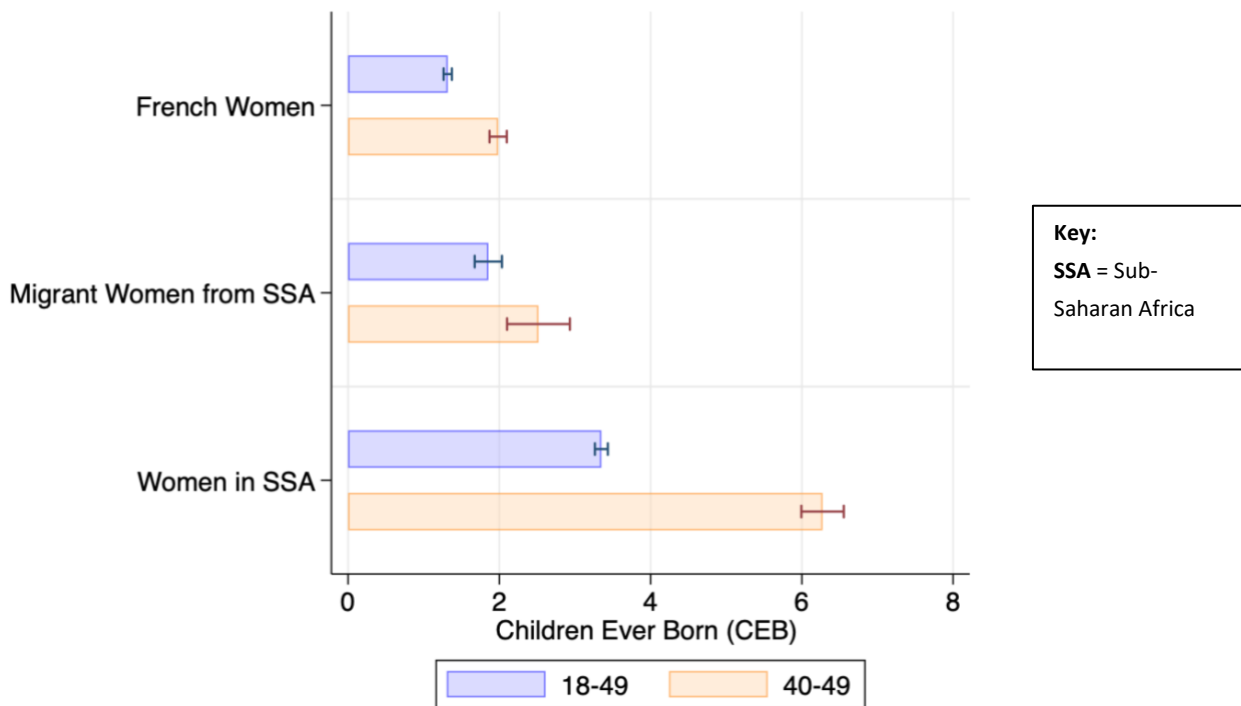
	(1) Data Source	(2) Years	(3) TFR	(4) Contraceptive Prevalence and Modern Methods % of women ages 15-49	(5) Unmet Need % of married women ages 15-49
France	TEO	2008–09	2.01	74.1	1.7
Cameroon	DHS	2011	5.05	14.4	23.5
Congo (Brazzaville)	DHS	2011–12	4.74	20	18.2
Congo (DRC)	DHS	2007	6.65	5.8	26.9
Ivory Coast	DHS	2011–12	5.03	12.5	27.1
Mali	DHS	2006	6.76	6.9	27.6
Senegal	DHS	2010–11	5.06	12.1	30.1

Notes: Created by the authors using data from the TeO and DHS surveys. Additional data on TFR, contraceptive prevalence, and unmet need is taken from the [World Bank data indicators](#) web source, which is compiled from a variety of sources including United Nations Population Division, census reports, and other statistical publications from national statistical offices, and household surveys, including DHS and Multiple Indicator Cluster Surveys. Since some of the DHS data was collected 23 years after the TeO data, we verify that there were no major changes in patterns of contraceptive use in the countries of origin over this period using the same data sources.

A Multisite Perspective on Migrant Women’s Childbearing

Our multisite approach shows that African migrant women in our sample have more children than native French women but fewer children than women in corresponding origin countries.

Figure 1. Predicted Counts of Children Ever Born (CEB) Accounting for Birth Cohort



Notes: Created by the authors using data from the TeO and DHS surveys. Predicted counts were calculated following Poisson regression of the association between migration status and Children Ever Born (CEB) controlling only for birth cohort. The purple bars represent women ages 18–49 (n=3,643), and the orange bars represent women ages 40–49 (n=947).

As can be seen in Figure 1 for women 18–49 (purple bars), African migrant women to France have a predicted 1.85 children, which is significantly higher than predicted childbearing of French women (1.32 children), but significantly lower than predicted childbearing of women in the origin countries (3.35 children).

Differences between the African migrant women in our sample and the African women in origin countries are even more pronounced when the sample is limited to women ages 40–49 who are near the end of childbearing. Among women ages 40–49, African migrant women are predicted to have 2.52 children, compared with 1.98 children among native French women, and 6.27 children among women in the corresponding African origin countries.

Accordingly, we find **much more evidence of a change in fertility among first generation migrant women from Africa to France** when migrant women are compared with women in origin countries, as opposed to only French women.

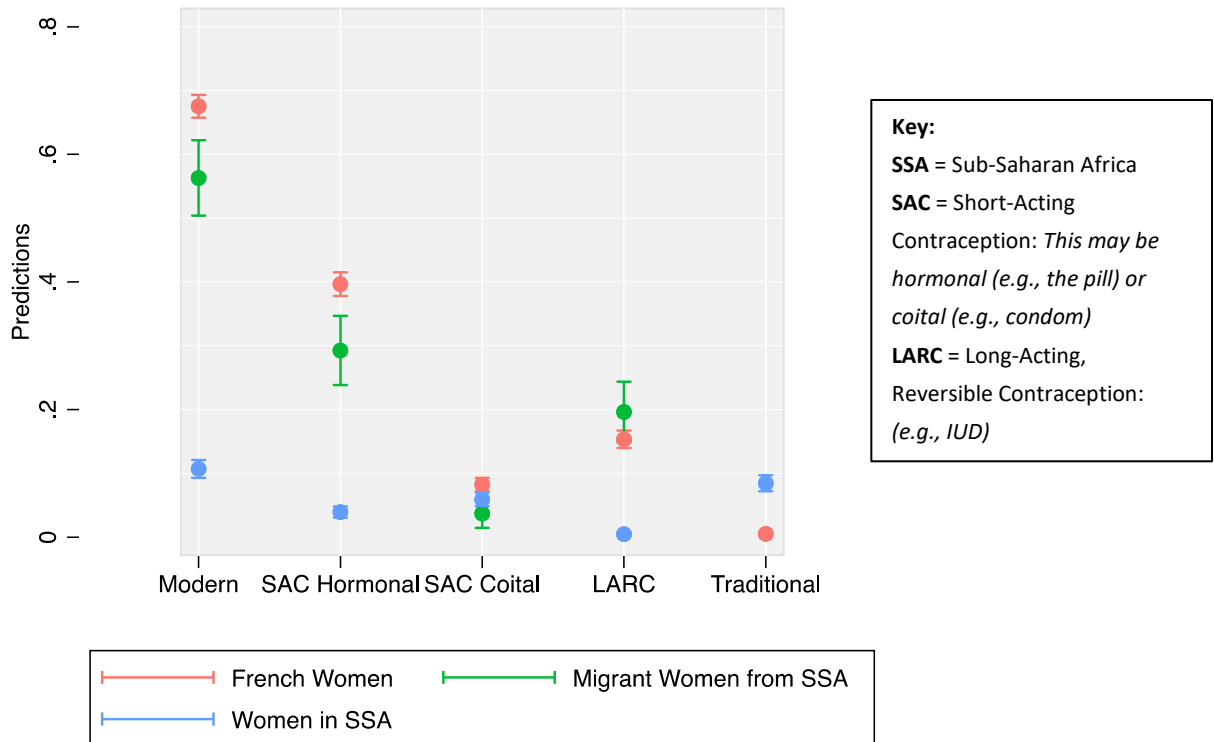
Mechanisms Linking Migration to Fertility Change

International migration corresponds with many changes in women's reproductive lives that might impact childbearing. To better understand the mechanisms linking migration to fertility change, we explore how migration from Africa to France is associated with changes in migrant women's use of contraceptives.

Our findings suggest that **migration from Africa to France is associated with dramatic differences in women's contraceptive use**. As Figure 2 shows, a predicted 56% of African migrant women to France use a modern method of contraception² compared with 67% of French women whereas only 11% of women in the African origin countries do. Similar patterns hold for current use of short-acting, hormonal contraceptives, like the pill (38% of French women, 29% of African migrant women in France, 4% of women in African origin countries) and long-acting, reversible contraception, like an IUD (18% of French women, 19% of African migrant women, fewer than 1% of women in African origin countries). Finally, women in the African countries of origin have significantly higher use of traditional contraceptive methods (10%) compared with the other two groups (0%).

² Modern methods involve the use of barrier methods like the pill and IUDs, whereas traditional methods involve physical ones like withdrawal and rhythm methods.

Figure 2. Predicted Probabilities of Using Different Types of Contraceptive Methods

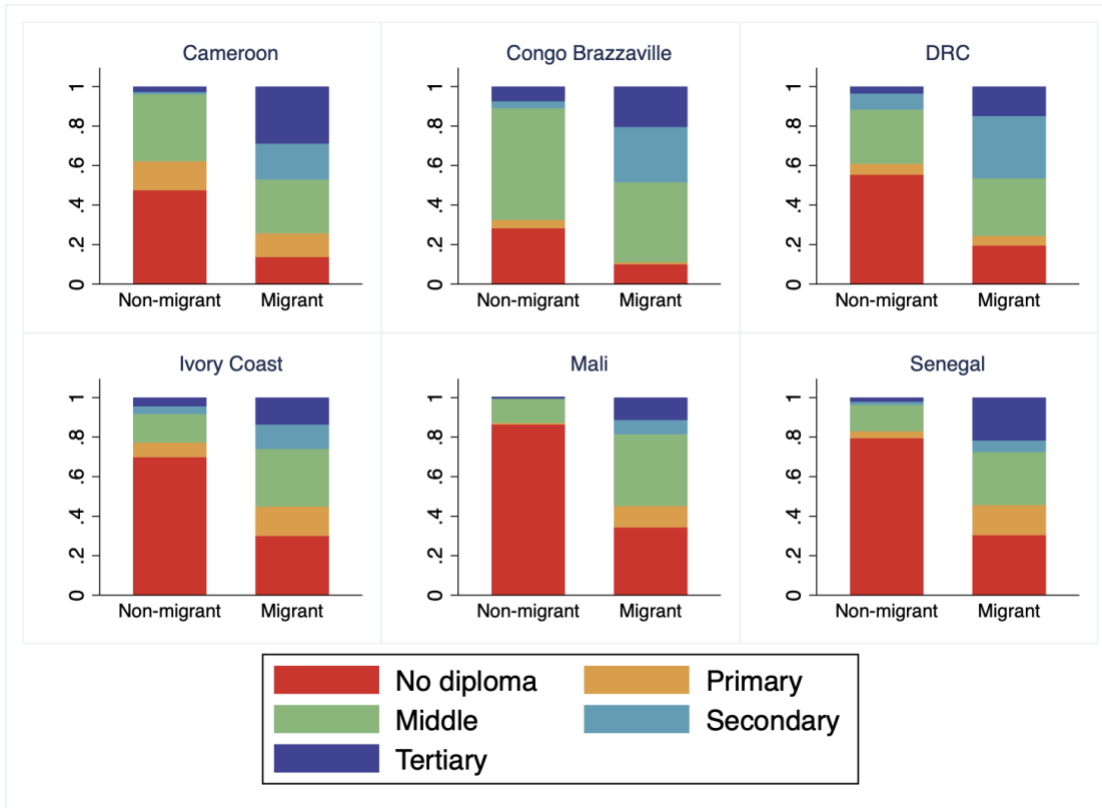


Notes: Created by the authors using data from the TeO and DHS surveys. “Modern” indicates all modern methods of contraception combined. “SAC Hormonal,” “SAC Coital,” and “LARC” are specific types of modern methods. 95% confidence intervals are displayed. Sample includes 1,393 non-migrant French women ages 15–45; 277 African migrant women in France (who were 15 or older when they arrived) ages 15–45; and 1,483 women in African origin countries ages 15–45.

Addressing Migrant Selectivity

The challenge for this type of analysis is that migrants may be quite different from those who remain in the origin country. For example, Figure 3 presents the differences in educational attainment between African migrant women to France and women in origin countries. In every country in our study, migrant women have greater representation in categories with higher educational attainment (blue and purple) and lower representation in categories with low educational attainment (red and orange), compared with women who remain in the country of origin.

Figure 3. Descriptive Comparison of Education Levels of Migrant Women in France and Non-Migrant Women from Origin Countries



Notes: Created by the authors using data from the TeO and DHS surveys. All estimates are weighted using survey weights provided by DHS and TEO.

To address the ways in which migrants are different from non-migrants in African origin countries, we use a weighting methodology that makes women in origin countries resemble migrant women in terms of education, age, religion, and other background characteristics that we observe in our data. We find migration to France is associated with 1.75 fewer children when African migrant women in our sample are compared with African women in origin countries, even after accounting for these observed differences. Likewise, migration is associated with a 36-percentage-point higher probability of currently using a modern contraceptive method, even after accounting for the ways that migrant women differ from women in origin countries. In interpreting these findings, however, it is important to recognize that we could not control for unobserved characteristics such as gender ideology or religiosity that might influence both the likelihood of migration and reproductive health.

Conclusions

Our multisite analysis suggests that there is much more evidence of fertility change among first-generation migrant women from Africa to France when migrant women are compared with women in origin countries, as opposed to just French women. Although African migrant women in our sample had more children than native French women, they had fewer children than women in corresponding origin countries. **This finding is maintained even when we account for the observed ways in which migrant women differ from the women in their countries of origin.**

What might account for the changes in childbearing we observe in our data? Our findings suggest that the contraceptive use by African migrant women in France resembles more closely those of French women than those of women in origin countries. A likely explanation for these results is that the migrant women have greater access to reproductive healthcare than did women in their origin countries. This access might facilitate access to highly effective forms of contraception that require medical assistance. These findings point to the importance of making highly effective and culturally appropriate forms of contraception widely available to migrant populations through the healthcare sector.

Our multisite approach to exploring migration and fertility is important for scholars and policymakers who overwhelmingly focus on single-site comparisons of migrant women to women in destination settings. This one-site approach can have real-world implications for migration policy. For example, the pregnancy rate of migrant women compared with native-born French women has been proposed in the past to assess the extent of migrant integration into French society.³ The findings from our project raise problems with the idea of using a one-sided comparison of migrant women to women in destination contexts to measure integration or adaptation and suggest a need for more multisite approaches.

³ Favell, Adrian. *Philosophies of Integration: Immigration and the Idea of Citizenship in France and Britain*. New York: Springer (2016).

Acknowledgments

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The Project on Collaborative Research: Migration and Fertility is a joint effort between researchers at Northwestern University and the University of Texas at Austin. The project starts from the premise that international migration corresponds with many changes to women's reproductive lives. This study, led by social demographers **Julia Behrman** at Northwestern's Institute for Policy Research and **Abigail Weitzman** at UT-Austin, compares international migrants to women in their countries of origin who have similar backgrounds but did not migrate. In doing so, the researchers investigate whether international migration is associated with fertility change and explore the mechanisms through which fertility change occurs.

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