
THE FIFTH AFRICAN POPULATION CONFERENCE

LA CINQUIEME CONFERENCE AFRICAINNE SUR LA POPULATION

10 – 14 December, 2007-11-04

**Arusha International Conference Centre
ARUSHA – TANZANIA**

**Theme:
EMERGING ISSUES ON
POPULATION AND DEVELOPMENT
IN
AFRICA
POPULATION ET DEVELOPPEMENT
EN AFRIQUE
QUESTIONS EMERGENTES**

**Union of African Population Studies
National Population Council Building
Rooms 105, 106 and 107
Ministries Accra
P. O. Box A408
La Accra
Ghana**

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STATEMENT FROM THE UNITED REPUBLIC OF TANZANIA

The Government of the United Republic of Tanzania would like to thank the Union of African Population Studies (UAPS) for according Tanzania the opportunity to host this important Conference. The Conference theme “Emerging issues on Population and Development” coincides with the ICPD Programme of Action. The ICPD Programme of Action recognised that there are well-known population strategies that could, if combined with other development strategies, effectively accelerate the reduction of poverty. The ICPD programme of action is particularly relevant to the progress to be made towards achieving the MDGs.

The development of a country is about population - men, women, youth and children in relation to their development potential, health, education, human rights, and effective participation in political, social and economic development. Population is an important asset and resource that African countries need to develop strategies on how best to utilize effectively. Population dynamics should be taken effectively into account in social and economic development policies, strategies and plans. Furthermore, Africa should speed efforts to invest in areas related to population development and empowerment so that they contribute to a quality population and take advantage of Africa’s demographic bonus.

The fifth African Population Conference will come up with resolutions for African Countries to incorporate in the Population and Development agenda. Therefore, a lot of work has to be done to operationalise many of the important resolutions that will be adopted. We urge African countries to ensure that those resolutions are fully integrated into structures, programmes and policies.

Hon. Juma A. Ngasongwa (MP)

MINISTER

MINISTRY OF PLANNING, ECONOMY AND EMPOWERMENT

MOT DU PAYS: LA RÉPUBLIQUE UNIE DE TANZANIE

Le Gouvernement de la République Unie de Tanzanie voudrait remercier l'Union pour l'Etude de la Population Africaine (L'UEPA) pour avoir donné à la Tanzanie l'opportunité d'héberger cette importante conférence. Le thème de la Conférence "Population et Développement : Questions Emergentes", coïncide avec le Programme d'Action de la CIPD. Le Programme d'Action de la CIPD a reconnu qu'il y a des stratégies de population qui peuvent accélérer la réduction de la pauvreté si elles sont combinées à d'autres stratégies de développement. Le Programme d'Action de la CIPD revêt une importance capitale pour tout progrès qui doit s'effectuer pour atteindre les OMD.

Le développement d'un pays se rapporte à la population-hommes, femmes, jeunes et enfants- en relation avec son développement potentiel à savoir, la santé, l'éducation, les droits humains, sa participation effective au développement politique, social et économique. La population est un important fondement et une ressource dont un pays africain a besoin d'utiliser de la meilleure façon pour mettre en place sa stratégie. On doit effectivement prendre en compte la dynamique de la population dans les politiques sociales, économiques et du développement ainsi que dans les stratégies et les plans. De plus, l'Afrique devrait accélérer ses efforts pour investir dans les domaines qui sont en rapport avec le développement et la réhabilitation de la population afin de pouvoir contribuer à une population de qualité et profiter du bonus démographique.

La cinquième Conférence Africaine sur la Population fera ressortir des résolutions qui s'intégreront dans les programmes de Population et Développement des Pays Africains. Aussi doit-on travailler beaucoup pour rendre opérationnelles la plupart des résolutions importantes qui seront adoptées. Nous exhortons les pays africains à s'assurer de la complète intégration de ces résolutions dans les structures, les programmes et les politiques.

Hon. Juma A. Ngasongwa (Député)

MINISTRE

MINISTERE DU PLAN, DE L'ECONOMIE ET DE LA REHABILITATION

PRÉFACE DU PRÉSIDENT DE L'UEPA

L'Union pour l'Etude de la Population Africaine (UEPA) organise du 10 au 14 Décembre 2007 à Arusha en République Unie de Tanzanie la cinquième Conférence Africaine sur la Population. Cette Conférence porte sur le thème : "Population et Développement en Afrique : Questions émergentes". Ce thème se justifie au regard des nouveaux défis qui se posent à l'Afrique et qui appellent des réflexions permanentes.

La population du Continent africain est estimée à 905 millions de personnes en 2005 ; sa croissance est de 2,2 % par an ; ce qui fait de l'Afrique le continent où la croissance démographique est la plus élevée au monde. Sur la base de cette croissance, la population africaine double tous les 30 ans. A ce rythme, de nombreux défis attendent les gouvernants du Continent qui ont le devoir de rechercher des solutions pour améliorer le bien-être des populations confrontées à des difficultés plus ou moins prononcées, notamment dans les pays de sa partie subsaharienne.

La pauvreté rampante et son impact sur les différentes couches sociales, rendent précaire la vie tant en milieu rural qu'en milieu urbain. Elle contribue à la résurgence d'endémies autrefois maîtrisées ainsi qu'à l'intensification de l'insécurité dans de nombreux Centres Urbains malheureusement, lieu de refuge de nombreux jeunes actifs en quête d'espoir.

En organisant cette 5e Conférence, l'UEPA espère créer l'opportunité pour les scientifiques de toutes disciplines de présenter leurs travaux, d'engager des discussions avec les décideurs politiques, les partenaires au développement à l'effet de trouver des solutions en vue de définir des programmes qui soulageront ces populations si durement éprouvées par les diverses crises.

Cette Conférence qui s'inscrit parmi les activités majeures de l'UEPA est aussi destinée à mettre en évidence les succès enregistrés dans la mise en œuvre de certains projets en faveur des populations et les expériences réussies des programmes de populations afin d'inspirer bien d'autres initiatives.

Malgré un calendrier chargé, la tenue de cette Conférence a été rendue possible grâce à la bienveillante compréhension du gouvernement de la République Unie de Tanzanie qui a bien voulu accepter de l'abriter ; qu'il me soit permis d'exprimer la reconnaissance de l'UEPA à son Excellence, Monsieur Jakaya Kikwete, Président de la République et au peuple tanzanien.

Comme toute Conférence de cette envergure, de nombreuses personnes se sont investies dans sa préparation et dans diverses tâches nécessaires pour rassembler les participants.

A cet effet, je voudrais exprimer ma gratitude au Vice-Président de l'UEPA et Président de la Conférence, Dr Eliya M. Zulu, au Prof. Annan-Yao, Directrice Exécutive, aux membres du Comité Scientifiques, aux membres du Comité de Pilotage, aux membres du Comité national d'organisation, au Directeur de APHRC et à ses collaborateurs, aux Scientifiques qui ont pris de leur temps pour proposer des communications qui alimenteront les sessions, aux partenaires pour leurs appuis scientifiques et financiers ainsi qu'aux nombreux opérateurs pour leur contribution au succès de ce grand rassemblement scientifique africain à Arusha.

KOFFI N'Guessan
Président UEPA

STATEMENT BY THE UAPS PRESIDENT

The Union for African Population Studies is organizing the 5th African Population Conference in Arusha, the United Republic of Tanzania from the 10th to 14th December, 2007. The theme of the conference is: "Emerging issues on Population and Development in Africa." In view of new challenges facing Africa which call for permanent reflexions, this theme is justified and timely.

The African continent's population is estimated at 905 million in 2005, its growth rate is 2,2% per annum, making Africa the continent with the highest demographic growth rate in the world. Based on this growth, Africa's population doubles every 30 years. At this rate, a lot of challenges await ruling governments of the continent who have the responsibility to search for solutions to improve the well-being of the populations that are confronted with difficulties more or less grave; notably in sub-Saharan countries in Africa.

The rampant poverty and its impacts on the different social groups make life precarious in rural areas as well as in urban areas. It contributes to the reappearance of endemic diseases which were eradicated in the past as well to the intensification of insecurity in many urban centres which are unfortunately refuge areas for many active youth in search of hope.

In organizing this 5th conference, UAPS hopes to create opportunity for scientists of diverse disciplines to present their works, engage in discussions with policy makers, development partners to seek solutions with a view of defining programmes that will relieve those populations so sorely tried by various crises.

This conference which is part of UAPS major activities is also intended to bring to the fore the successes achieved in the implementation of certain projects in favour of the populations and the successful experiences of population programmes so as to inspire other initiatives.

Despite a busy calendar, the holding of this conference has been made possible by the kind cooperation of the Government of the United Republic of Tanzania who has graciously accepted to host it. I would like to take this opportunity to express the gratitude of UAPS to His Excellency, Mr. Jakaya Kikwete, President of the United Republic of Tanzania.

Like all conferences of this scope, many people have selflessly put a lot into the preparations and different tasks which are necessary to bring together all the participants.

To this effect, I would like to express my gratitude to UAPS' Vice-President and President of the Conference, Dr. Eliya Zulu, to Prof. Annan-Yao, UAPS' Executive Director, to members of the Scientific Committee, to members of the Steering Committee, to the members of the National Organizing Committee, to the Director of APHRC and his collaborators, to scientists who took their time to submit papers which will sustain the sessions, to partners for their scientific and financial assistance as well as to numerous operators for their contribution towards the success of this great African scientific gathering at Arusha.

KOFFI N'guessan
UAPS President

ACKNOWLEDGEMENTS

The Organizing Committee of the Fifth African Population Conference (5APC) is grateful to all individuals and organizations for their roles in organizing the conference. We thank the Government of the United Republic of Tanzania and the National Organizing Committee (NOC) for its strong commitment in offering to host the conference, providing generous financial support, and for making all logistical arrangements associated with the meeting in Tanzania. By sparing time to grace the opening ceremony of the conference, the President of the United Republic of Tanzania has set the standard and highlighted the importance of strong political commitment in addressing population issues in Africa. The Government's commitment to the 5APC and to population issues was also demonstrated by the Vice President, who graciously attended the official launch of the conference in April 2007. The Permanent Secretary in the Ministry of Planning and Empowerment provided useful advice and insights into the planning process, and put together a very capable team lead by Ms Florence Mwanri to ensure that the Government fulfilled its commitments to the 5APC.

The organising committee is very grateful for the valuable contributions that the late Prof. Ndalahwa Faustin Madulu made to the 5th APC. Prof. Madulu worked closely with Dr. Akim Mutuli and Prof. Mbonile Milne in linking UAPS to the Government of the Republic of Tanzania and they were very instrumental in the discussions that led to the conference being hosted in Tanzania. Up to the time of his untimely death in March 2007, Prof. Madulu was a very active member of both the Internal and National organising committee for the 5th APC. May his soul rest in eternal peace.

We are grateful to the members of the Steering Committee for unstintingly donating their time, and in many cases resources, to planning the conference. Special thanks go to the Chairpersons of the sub-committees of the Steering Committee for leading various activities related to their areas. The Organizing Committee is grateful to the hundreds of people who are playing an active role in the program including chairs, discussants, paper and poster presenters, exhibitors and others. Session Organizers received a record number of close to 1000 submissions from which 320 papers were selected for oral presentation in 80 formal sessions and 200 posters were selected. Many other members and scholars also played key roles in reviewing and making suggestions on the content of the scientific program.

The organizing of the scientific program was greatly enhanced and facilitated by the use of the computerised conference organization system (Pampa) developed by Princeton University. We sincerely thank Princeton University and German Rodriguez for giving UAPS the permission to use the Pampa system, and IUSSP and Philippe Migrenne for taking on the challenging and very critical responsibility of designing and managing the UAPS conference on the Pampa system. UAPS is also grateful to the Population Association of America's International Outreach Committee for providing financial resources to facilitate the management of the program.

The conference could not have been possible without the generous financial and material support from a number of funding institutions and other partners, whose names and logos can be found on the back cover of this programme.

The Organizing Committee thanks members of the UAPS Council for their overall guidance in the conceptualization, planning and organization of the 5APC. Koffi Nguessan, the President of UAPS, provided valuable advice and oversight of the process, while the Executive Director of the UAPS Secretariat, Prof. Elizabeth Annan Yao, was the pillar around whom the entire conference was coordinated and planned. She tirelessly worked on fundraising, planning, corresponding with participants, and overall direction of the conference under very trying working circumstances as she had to move the UAPS Secretariat from Dakar (Senegal) to Accra (Ghana) at the peak stage of putting together various ingredients of the 5APC. Particular thanks also go to the Conference Coordinator, Bernadette Ochieng for her dedication and resourcefulness in coordinating the conference.

Finally, the conference would not have materialized without the institutional support that APHRC provided. The Center hosted the Secretariat for the Conference and directly raised a substantial amount of money for the conference. A number of staff members at the center headed key committees for the conference, including the Scientific Committee, the Publicity Committee, the Posters Committee and the Fundraising Committee. The Executive Director (Alex Ezech), the Manager of Finance and Administration (Joseph Gichuru), the Communication Officer (Rose Oronje), and the HR Manager (Lilian Okoth) provided various forms of advice and support throughout the conference planning and organization period.

Eliya Zulu, Chair of the Conference Organizing Committee

REMERCIEMENTS

Le Comité d'organisation de la 5ème Conférence Africaine sur la Population exprime sa reconnaissance envers toutes les personnes et organisations pour leurs rôles importants dans le cadre de l'organisation de la Conférence. Nous adressons toute notre gratitude au Gouvernement de la République de Tanzanie et au Comité National d'Organisation qui ont bien voulu accepter d'accueillir les assises de la dite conférence grâce à leur soutien financier et à la préparation de la logistique. En rehaussant de sa présence la cérémonie d'ouverture, le Président de la République donne un signal fort et souligne l'engagement politique de son pays dans la prise en compte des questions de population en Afrique. Cet engagement du gouvernement tanzanien pour les problèmes de population a été démontré par le Vice-président qui a gracieusement honoré de sa présence le lancement officiel de la 5ème Conférence Africaine sur la Population en avril 2007. C'est dans la même veine que le Directeur de Cabinet du Ministère du Plan et de la Réhabilitation a prodigué de sages et perspicaces conseils lors de l'élaboration du programme de la conférence et a mis en place une équipe dynamique pour accompagner Madame Florence Mwanri et permettre au gouvernement d'assurer ses responsabilités et ses engagements durant cette conférence.

Le Committee d' Organisation de la 5ème conference de l'UEPA est très reconnaissant de la contribution de feu Prof Ndalaha Faustine Madulu. Le Prof Madulu a collaboré avec Dt. Akim Mturi et Prof Mbonile à créer un lien entre l'UEPA et le Gouvernement de la République Unie de Tanzanie et ils ont été très instrumentaux dans les discussions qui ont mené la Tanzanie à accueillir la conférence. Jusqu' au moment de sa mort prématurée en Mars 2007, Prof Madulu était un membre très actif des Comités National et International d'Organisation de la 5ème conférence de l' UEPA. Que Son âme repose en paix!

Nous remercions de tout coeur le Comité de Pilotage pour avoir donné sans réserve son temps et, dans beaucoup de cas, ses ressources financières pour la préparation de la conférence. Remerciements spéciaux aux Présidents des Sous-comités du Comité de Pilotage qui ont géré avec efficacité les différentes activités relevant de leurs différents domaines. Le Comité d'Organisation est aussi reconnaissant à toutes les personnes qui ont joué et continuent de jouer un rôle actif dans le programme de cette conférence, à savoir : les Présidents, les Discutants, les Auteurs de communications et de posters, les Exposants et autres participants. Les organisateurs de séances ont reçu à peu près 1,000 résumés dont 320 communications ont été sélectionnées pour une présentation en séances formelles et 200 en séances de posters. Un merci particulier à beaucoup d'autres membres et universitaires qui ont aussi joué des rôles clés en réexaminant et en faisant des remarques utiles sur le contenu du programme scientifique.

L'organisation du programme scientifique a été valorisée et facilitée par l'utilisation du système informatisé d'organisation de conférence (PAMPA) développé par l'Université de Princeton. Nous remercions sincèrement l'Université de Princeton et German Rodriguez pour avoir donné à l'UEPA l'autorisation d'utiliser ce système PAMPA. Nous associons à ces remerciements l'UIESP qui a permis à Philippe Migrenne de relever le défi et prendre la responsabilité de concevoir et gérer la conférence de l'UEPA à travers le system Pampa. L'UEPA est aussi reconnaissante à la 'Population Association of America's International Outreach Committee' pour avoir donné des ressources financières pour faciliter la gestion de ce programme.

La conférence n'aurait pas pu avoir lieu sans la généreuse contribution financière et matérielle d'un certain nombre d'institutions de financement et autres partenaires dont les noms et logos figurent sur la couverture arrière.

Le Comité d'Organisation remercie les membres du conseil de l'UEPA pour leurs conseils avisés dans la conceptualisation, l'élaboration et l'organisation de cette conférence. Le Président de l'UEPA, Koffi N'guessan, a prodigué de précieux conseils sur la vue d'ensemble du processus pendant que le Professeur Elizabeth ANNAN YAO était le pilier autour duquel les activités de la conférence étaient coordonnées et élaborées. Elle a travaillé sans répit sur la mobilisation des fonds, la correspondance avec les participants et l'orientation générale de la conférence dans des circonstances aussi difficiles que la délocalisation du Secrétariat de l'UEPA de Dakar (Sénégal) à Accra (Ghana) à un moment crucial de la préparation de la 5ème conférence. Nos remerciements particuliers vont à Bernadette Ochieng, la coordinatrice de la conférence qui s'est dédiée entièrement en donnant de sa personne à la coordination de la conférence.

Enfin, la conférence n'aurait pas pu se tenir sans le soutien institutionnel de l'APHRC. Le Centre a abrité le Secrétariat de la conférence et a permis la mobilisation des fonds substantiels pour la conférence. Certain membres du personnel du Centre ont pris la tête des principaux comités de la conférence à savoir: le comité scientifique, le comité de publicité, le comité de posters et le comité de mobilisation des fonds. Le Directeur Exécutif, Alex Ezech, le Directeur de Finance et d'Administration, Joseph Gichuru, la Chargée de la Communication, Rose Oronjo, la Directrice des Ressources Humaines, Lilian Okoth, nous ont donné des conseils sous différentes formes et soutien tout au long de l'élaboration de l'organisation de cette conférence.

Eliya Zulu, Président du Comité d'Organisation de la Conférence.

NATIONAL ORGANISING COMMITTEE / COMITÉ NATIONAL D'ORGANISATION

Name	Organization
Mr. Elisa. M. Mjema	Ministry of Planning, Economy and Empowerment
Ms. Florence. M. Mwanri	Ministry of Planning, Economy and Empowerment
Ms. Albina. A. Chuwa	National Bureau of Statistics
Mr. Abihudi A. Baruti	Ministry of Planning, Economy and Empowerment
Mr. Charles. N. Mkomwa	Arusha International Conference Centre
Mr. Alhaji. K. Mamboleo	Regional office – Arusha
Mr. Christopher. L. Mwaijonga	United Nations Population Fund, Tanzania
Dr. Catherine. B. Sanga	Ministry of Health and Social Welfare
Prof. Milline. J. Mbonile	University of Dar es Salaam
Mr. Louis. P. Accaro	Tanzania Private Sector Foundation
Ms. Jane. B. Chambi	Immigration Head Quarter
Mr. Aswegen. W. Magambo	Ministry of Public Safety and Security
Mr. Clay. V. Manda	Ministry of Foreign Affairs and International Cooperation
Mr. Deogratias. S. Malogo	Tanzania Tourist Board
Mr. Adam. R. Msumule	Ministry of Finance
Mr. Ryoba. C. Kangoye	Tanzania Revenue Authority
Ms. Lilian .T. Manga	Confederation of Tanzania Industries
Mr. Yakout. H. Yakout	Ministry of Finance and Economic Affairs-Zanzibar
Mr. Kombo. M. Kombo	Ministry of Finance and Economic Affairs –Zanzibar
Dr. Hanuni. W. Sogora	Ministry of Health -Zanzibar
Ms. Halima. A. Omar	Ministry of Labour, Youth Development, Women and Children –Zanzibar
Dr. Julius. K. Kivelia	University of Dar es Salaam
Dr. Fransis. J. Sichona	University of Dar es Salaam
Prof. Eliuther A. Mwageni	Ardhi University
Mr. Richard Ngirwa	Tanzania Commission for AIDS
Prof. Ndalaha F. Madulu	

INTERNATIONAL ORGANISING COMMITTEE / COMITÉ INTERNATIONAL D'ORGANISATION

Conference Steering Committee

Eliya Zulu (Chair), APHRC, Nairobi
Elizabeth Annan Yao (Fundraising Committee), UAPS Secretariat, Accra
Alfred Otieno Agwanda (Travel Grants Committee), University of Nairobi
Joanna Crichton (Publicity Committee), APHRC
Jean-Christophe Fotso (Scientific Committee), APHRC
Anne Khasakhala (Side meetings and Exhibitions), University of Nairobi
George Kichamu, NCPD, Kenya
Nyovani Madise (Scientific Committee), University of Southampton
Margaret W. Ndwiga (Scientific Committee), Population Association of Kenya
Bernadette Ochieng (Conference Coordinator), UAPS
Emma Gituku (Events Manager)
Yohane Kalinde (Consultant)
Hellen Gakuru (Intern)
Vincent Otieno (Intern)

UAPS Council Members

Koffi N'guessan, Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (Abidjan)
Eliya Zulu, APHRC
Mongi B'Chir, University of Tunis
Laurent N. Assogba, UNFPA CST, Dakar
Uche Isiugo-Abanihe, University of Ibadan
Kokou Emilien Vignikin, Université de Lomé
Evina Akam, Institut De Formation Et De Recherche Démographiques (Yaoundé)
Margaret W. Ndwiga, Population Association of Kenya
Abdelaziz Bouisri, Institut de Sondage d'Opinion et de Fabrication d'Image (Algiers)

The International Organising Committee also received advice and contributions from the following individuals:

Kubaje Adazu, CDC / KEMRI, Kisumu
Ayaga Bawah, INDEPTH Network
Ann Biddlecom, Guttmacher Institute
Philippe Bocquier, Institut de Recherche pour le Développement
John Cleland, LSHTM
Alex Ezeh, APHRC
Tamara Fox, Hewlett Foundation
François Héran, INED, Paris
Jean-Francois Kobiane, Université de Ouagadougou

Samson Lamle, UNFPA Africa Division, NY/CST, Dakar
Michel Loriaux, Université Catholique de Louvain
Wolfgang Lutz, International Institute for Applied Systems Analysis
William Lyakurwa, AERC
Ndalaha Faustin Madulu, University of Dar es Salaam
Monica Magadi, Loughborough University
Cheikh Mbacké, Hewlett Foundation
Souleymane Mboup, Laboratory of Virology & Bacteriology, University Hospital, Dantec, Dakar
William Molmy, CEPED, Paris
Akim Mtuli, Human Sciences Research Council, South Africa
Pierre Ngom, UNICEF
Kasirim Nwuke, UNECA
Clifford Odimegwu, University of the Witwatersrand
Prosper Poukouta, UNFPA Africa Division /African Development Bank
André Quesnel, CEPED, Paris
Jacques Van Zuydam, National Population Unit, South Africa
Basile Oleko Tambashe, UNFPA
Steve Tollman, University of the Witwatersrand
Osman Sankoh, INDEPTH Network
Susan Watkins, University of California-Los Angeles & University of Pennsylvania
Sara Seims, Hewlett Foundation
Cheick Mbacke, Hewlett Foundation
Joseph Gichuru, APHRC
Jane Falkingham, University of Southampton
Tukufu Zuberi, University of Pennsylvania

GENERAL INFORMATION

REGISTRATION • Conference registration is located in the main square at the entrance to the AICC. Hours are:

Saturday 8	• 1600-1900	Monday 10	• 0700-1900
Sunday 9	• 1200-2100	Tuesday 11	• 0700-1900

WELCOME DRINKS RECEPTION • A drinks reception will be held at the Piazza area at the AICC on Sunday 9 December from 1700-1930. A free drinks coupon for this event can be found in the conference registration pack. A cash bar will be available to cater for additional drinks that participants may want to buy.

RECEPTION AND DINNER • A reception and dinner for conference participants, hosted by the Government of the United Republic of Tanzania, will be held at 7pm on Monday 10 December at the Piazza.

EXHIBITS AND POSTERS • The conference exhibition and poster presentation area are in the Karafu Lobby, on the ground floor in Ngorongoro Wing.

TOURIST INFORMATION DESK • This is located adjacent to the registration desk.

UAPS GENERAL MEETINGS • Two UAPS general meetings will be held on Tuesday 11 December and Thursday 13 December, both at 1630-1830 in Simba Hall. All members (including those joining during the conference) are welcome to attend.

SPEAKER REHEARSAL ROOM • A room will be provided with overhead projector and laptop for paper presenters to practice. This room is located near the VIP lounge in Kilimanjaro Wing.

PHOTOGRAPHY • Photography is not permitted in Kilimanjaro Wing. It is permitted in all other areas of AICC.

LOCATIONS OF CONFERENCE MEETING ROOMS • **NGORONGORO WING** Ground floor: Karafuu Lobby; Third Floor: Manyara; Seventh Floor: Mbuni, Kagera, Themí, Twiga and Mbayuwayu • **KILIMANJARO WING** Ground floor: Simba Hall • **SERENGETI WING** Ground Floor: Tausi

INFORMATIONS GÉNÉRALES

INSCRIPTION: L'inscription à la conférence se fait dans le hall principal à l'entrée du Centre International de Conférence d'Arusha (AICC), aux horaires suivants :

Samedi 8	• 1600-1900	Lundi 10	• 0700-1900
Dimanche 9	• 1200-2100	Mardi 11	• 0700-1900

COCKTAIL DE BIENVENUE: un cocktail de bienvenue sera offert au Centre de conférence - AICC (Piazza area) le Dimanche 9 décembre, de 17.00 à 19.30. A cet effet, vous trouverez des coupons gratuits pour les boissons dans les sacs qui vous seront remis lors de l'inscription à la conférence.

RECEPTION ET DINER: Une réception - dîner offerte par le Gouvernement de la République Unie de Tanzanie à tous les participants à la conférence, aura lieu le Lundi 10 décembre à partir de 19.00 à la place Piazza.

EXPOSITIONS ET POSTERS: Les expositions et présentations de poster sont organisées au Karafu Lobby, au rez-de-chaussée de l'aile Ngorongoro.

BUREAU D'INFORMATIONS TOURISTIQUES: le Bureau est situé près du bureau des inscriptions.

ASSEMBLÉES GÉNÉRALES DE L'UEPA: Deux assemblées générales de l'UEPA auront lieu le Mardi 11 décembre et le jeudi 13 décembre, de 16.30 à 18.30 dans le Hall Simba. Tous les membres de l'UEPA (y compris ceux devenus membres durant la conférence) y sont cordialement conviés.

SALLE DE REPETITION: Une salle, équipée d'un projecteur et d'un ordinateur portable est prévue pour permettre aux conférenciers de faire des répétitions. La salle est située près du salon VIP dans l'aile Kilimanjaro.

PHOTOGRAPHIE: Les prises de vue ne sont pas autorisées dans l'aile Kilimanjaro mais sont permises dans les autres parties du Centre de conférence (AICC).

LIEUX OU SONT SITUÉES LES SALLES DE REUNION: • NGORONGORO WING rez de chaussée : Karafuu Lobby ; Troisième étage : Manyara ; Septième étage : Mbuni, Kagera, Them, Twiga et Mbayuwau • KILIMANJARO WING rez de chaussée : Simba Hall • SERENGETI WING rez de chaussée : Tausi

TOURISM IN TANZANIA / TOURISME EN TANZANIE

Conference participants may like to take the opportunity to visit some of Tanzania's world-famous attractions during their visit. Information and assistance with arranging safari trips and other excursions will be provided at the Tourist Information desk by the registration desk.

Arusha National Park has three spectacular features consisting of Momela lakes, Mountain Meru and Ngurdoto crater. It hosts around 400 species of wildlife both migrant and resident and black and white Columbus monkey. 32 km from Arusha

Serengeti National park is the world's best known wildlife sanctuary. Serengeti encompasses the largest migratory concentration of plains game in the world. The park has more than 35 species of plains animals, including the 'big five': elephant, rhino, lion, leopard and buffalo, as well as a variety of birds, mammals and reptiles. 317 km from Arusha.

Ngorongoro Crater is known as the eighth wonder of the world. 610 metres deep and 20 km in diameter, it is the largest intact crater in the world, and is home to hundreds of thousands of animals and birds. 149 km from Arusha.

Lake Manyara National Park is famous for its numerous buffaloes, elephants, leopards and tree climbing lion. The park has over 350 species of birds, including flamingo which, at certain seasons, form a solid line of pink for many kilometers down the lake. At the southern end of the park are hot sulphur springs. 117 km from Arusha.

Tarangire National Park is spectacular in the dry season when many of the migratory wildlife species come back to the permanent waters of Tarangire River. It is home to 550 species of birds. 114 km from Arusha.

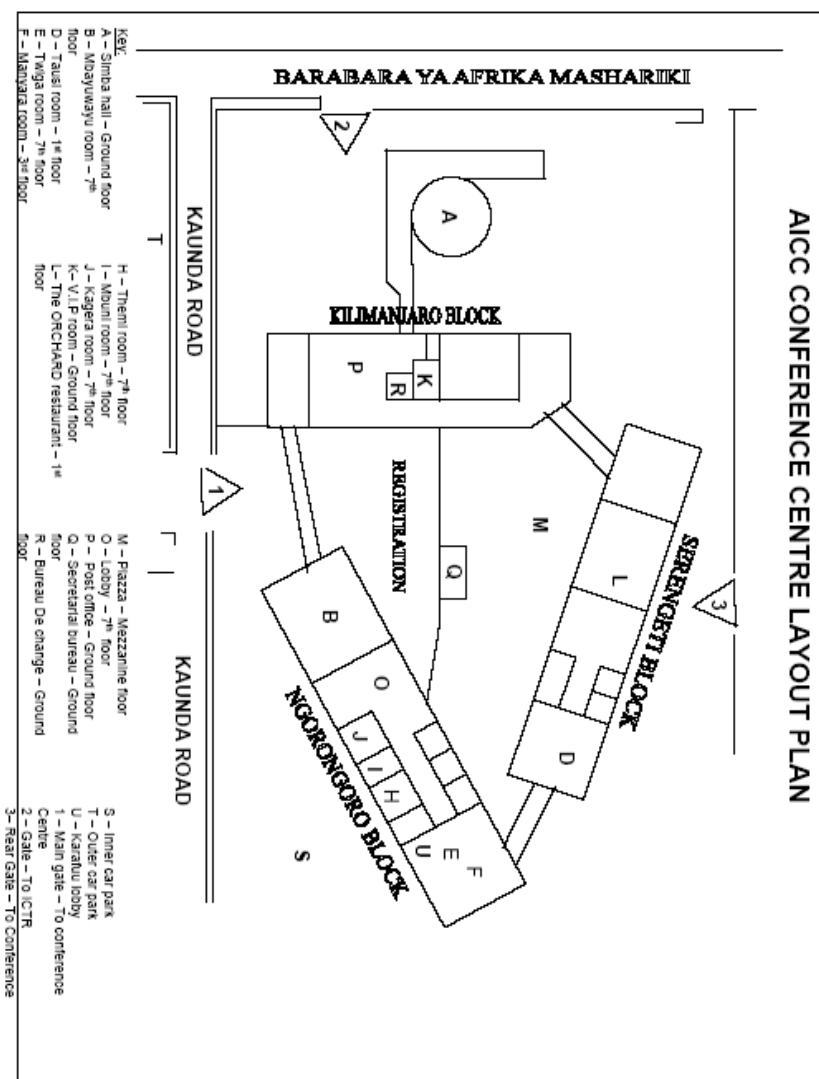
Mount Kilimanjaro National Park: Mount Kilimanjaro is the highest peak on the African continent. It is also the tallest free standing mountain in the world, with a peak of 5,895 metres (19,336 feet). 128 km from Arusha.

Cultural Tourism enables local people to benefit from income generated from tourism. You can visit to traditional villages and watch cultural performances, purchase local handicrafts or talk with the local people about their culture.

Depending on interest, the Conference Organisers may organize one day visits to some of these areas on 15th December, 2007. Registration and more information can be found at the tourist information desk.

For further information visit www.tanzaniaparks.com

MAP OF AICC



CURRENT AND PAST UAPS COUNCIL MEMBERS / MEMBRES ANCIENS ET ACTUELS DU CONSEIL

Sixth Council (2004 – 2007)

Position	Name	Country of Origin
President	Koffi N'guessan	Côte d'Ivoire
Vice-President	Eliya Zulu	Malawi
Secretary Gen	Bchir Mongi	Tunisia
Treasurer	Laurent N. Assogba	Benin
Chief Editor	Isiugo-Abanihe Uche	Nigeria
Central Africa Rep	Evina Akam	Cameroon
Eastern Africa Rep	Margaret W. Ndwiga	Kenya
Southern Africa Rep	Sulaiman Bah	Sierra Leone
Western Africa Rep	K. Emilien Vignikin	Togo
Northern Africa Rep	Abdelaziz Bouisri	Algeria

Fifth Council (2000 – 2003)

Position	Name	Country of Origin
President	Herbert Bobor Kandeh	Sierra Leone
Vice-President	Koffi N'guessan	Côte d'Ivoire
Secretary Gen	Lebo Lehutso-Phooko	South Africa
Treasurer	Laurent N. Assogba	Benin
Chief Editor	Isiugo-Abanihe Uche	Nigeria
Central Africa Rep	Eliwo Akoto Mandjale	DRC
Eastern Africa Rep	Elias Ayiemba	Kenya
Southern Africa Rep	Maketela Touane	Lesotho
Western Africa Rep	K. Emilien Vignikin	Togo
Northern Africa Rep	Salama Saidi	Morocco

Fourth Council (1996 – 1999)

Position	Name	Country of Origin
President	Lututala Mumpasi	DRC
Vice-President	Herbert Bobor Kandeh	Sierra Leone
Secretary	Elizabeth Annan Yao	Côte d'Ivoire
Treasurer	Tapsoba Sybril	Burkina Faso
Chief Editor	Evina Akam	Cameroon
Central Africa Rep	Monique Mukamanzi	Rwanda
Eastern Africa Rep	Elias Ayiemba	Kenya
Southern Africa Rep	Orieji Chimere Dan	Nigeria/South Africa
Western Africa Rep	Paulina Makinwa-Adebusoye	Nigeria
Northern Africa Rep	Samira Amir Ahmed	Sudan

Third Council (1991 – 1995)

Position	Name	Country of Origin
President	Adepoju Aderanti	Nigeria
Vice-President	Lututala Mumpasi	DRC
Secretary	Anthony Ayol Chok	Sudan
Treasurer	Fatou Yumkella	Sierra Leone
Chief Editor	Cheick Mbacke	Sénégal
Central Africa Rep	Victor Doulou	Congo
Eastern Africa Rep	James Ntozi	Uganda
Southern Africa Rep	Mrs. Aminata Kurubally	Lesotho
Western Africa Rep	Mohamed Lamine Keita	Guinea
Northern Africa Rep	Megadi Gourari	Algeria

Second Council (1987 – 1991)

Position	Name	Country of Origin
President	Coulibaly Sidiki	Burkina Faso
Vice-President	John Owusu	Ghana
Secretary	John Ouchou	Kenya
Treasurer	Hamidy Sow	Guinea
Chief Editor	Sala Diakanda	Zaire
Central Africa Rep	Rose Njeck	Cameroon
Eastern Africa Rep	Bruno Disaine	Madagascar
Southern Africa Rep	D Mzite	Zimbabwe
Western Africa Rep	Diop Abdoul Karim	Sénégal
Northern Africa Rep	Megadi Gourari	Algeria

First Council (1985 – 1987)

Position	Name	Country of Origin
President	El Badry	Egypt
Vice-President	Sidiki Coulibaly	Burkina Faso
Secretary	M. A. Azefer	Cameroon
Treasurer	O. Ayeni	Nigeria
Chief Editor	Adepoju Aderanti	Nigeria
Assistant Editor	A. Farrag	Egypt

LIST OF EXHIBITORS / LISTE DES EXPOSANTS

African Population and Health Research Center (APHRC)
Better Regulation Unit, Tanzania
Board of External Trade, Tanzania
Centre for the Study of Adolescents (CSA)
Department of Social Development, Population Development Unit (South Africa)
Georgetown University
Guttmacher Institute
Integrated Public Use Microdata Series
(IPUMS) USA
International Society for Urban Health
(ISUH)
International Union for the Scientific
Study in Population (IUSSP)
INDEPTH Network
Macro International
Maonyesho
National Bureau of Statistics, Tanzania
National Coordinating Agency for Population and Development (NCAPD), Government of the
Republic of Kenya
Population Reference Bureau (PRB)
Small Industry Development Organisation
Population Association of America (PAA)
School of Development Studies (SODS), University of Kwa Zulu Natal
Tanzania Board of Tourism
Tanzania Commission for AIDS (TACAIDS)
Tanzania Gender Network Programme (TGNP)
Tanzania Investment Centre (TIC)
Tanzania Youth Association (TAYOA)
UNICEF, Daniel Vadnais

PROGRAM SUMMARY / SOMMAIRE DU PROGRAMME

MONDAY DECEMBER 10 / LUNDI 10 DÉCEMBRE

08:30 - 12:45

- 1 Opening Ceremony / Cérémonie d'ouverture

MONDAY DECEMBER 10 / LUNDI 10 DÉCEMBRE

12:45 - 14:15

- 2 Tanzanian Poster Session / Séance de posters de la Tanzanie

MONDAY DECEMBER 10 / LUNDI 10 DÉCEMBRE

14:15 - 16:15

- 3 TANZANIAN DAY / JOURNÉE DE LA TANZANIE
 - 3a Tanzania Day Theme One: Reproductive Health and HIV / Journée de la Tanzanie Thème 1: Santé de la Reproduction et VIH
 - 3b Tanzania Day Theme Two: Migration and Urbanisation / Journée de la Tanzanie Thème 2: Migration et Urbanisation
 - 3c Tanzania Day Theme Three: Gender and Poverty / Journée de la Tanzanie Thème 3: Genre et Pauvreté
 - 3d Tanzania Day Theme Four: Environment Journée de la Tanzanie Thème 4: Environnement

MONDAY DECEMBER 10 / LUNDI 10 DÉCEMBRE

16:30 - 18:30

- 4 Emerging issues in the Demography of East Africa / La démographie de l'Afrique de l'Est : Questions émergentes
- 5 Round table: Ethics of collecting bio-markers in population and health research / Table-ronde: L'éthique de la collecte des bio-marqueurs dans la recherche en population et santé
- 6 Side meeting: Improving graduate level training in African universities / Séance spéciale: améliorer le niveau de formation des diplômés dans les universités africaines
- 7 Side meeting: Tanzania Youth Association (TAYOA)
- 8 Side meeting: Heads of national population coordinating units / Séance spéciale : dirigeants des unités de coordination nationale de population
- 9 Side meeting: Abstaining from reality: USA restrictions / Séance spéciale: ignorer la réalité: les restrictions des USA
- 10 Side meeting: World Health Organization (WHO) / Séance spéciale: Organisation Mondiale de la Santé (OMS)

TUESDAY DECEMBER 11 / MARDI 11 DÉCEMBRE

08:30 - 10:30

- 11 Explaining contrasting national trends and progress in achieving MDG 4 / Explication des tendances nationales contrastées et le progrès obtenu lors de la réalisation des OMD4
- 12 Adolescents' sexual and reproductive health / Sexualité et santé de la reproduction des adolescents
- 13 Determinants of sub-national differences in HIV prevalence / Déterminants des différences sous -nationales dans la prévalence du VIH
- 14 Estimating the impact of HIV and AIDS: methodological approaches / Estimer l'impact du VIH et du SIDA : approches méthodologiques
- 15 Child protection and development / Protection et développement de l'enfant
- 16 Achieving the MDG targets for water and sanitation / Réalisation des objectifs des OMD pour l'eau et l'hygiène
- 17 Side meeting: CEPED Presentation / Séance spéciale: présentation du CEPED

TUESDAY DECEMBER 11 / MARDI 11 DÉCEMBRE**10:45 - 12:45**

- 18 Community based approaches to improving child and maternal health / Approches à base communautaire pour l'amélioration de la sante maternelle et infantile
- 19 Explanations for stalled and persistently high fertility / Explications pour la persistance de la fécondité élevée et callée
- 20 Evaluations of interventions to improve schooling outcomes / Evaluation des interventions sur l'amélioration des résultats scolaires
- 21 Fostering and orphanhood in the era of HIV/AIDS / Accueil familial et orphelination dans cette epoque du VIH et du SIDA
- 22 Adult mortality in Africa / Mortalité à l'âge adulte en Afrique
- 23 Measuring the Wellbeing of Older People / Mesurer le bien-être des personnes âgées
- 24 Capacity building session on writing abstracts / Séance de renforcement de capacité sur la rédaction des résumés de communications

TUESDAY DECEMBER 11 / MARDI 11 DÉCEMBRE**12:45 - 14:15**

P-1 Poster Session 1 / Séance posters 1

TUESDAY DECEMBER 11 / MARDI 11 DÉCEMBRE**14:15 - 16:15**

- 25 Population growth and poverty linkages in Africa / Croissance de la population en Afrique et ses liens avec la pauvreté
- 26 Measuring behaviour change related to HIV infection / Mesurer le changement de comportement relatif à l'infection du HIV
- 27 Changes in age structure and their implications for wellbeing / Les changements dans la structure d'âge et leurs conséquences pour le bien-être
- 28 Methodological issues in estimating maternal mortality / Questions méthodologiques dans l'estimation de la mortalité maternelle
- 29 Changing household structures and socioeconomic roles / Les structures ménagères et les tâches socio-économiques en mutation
- 30 Gender-based violence: prevalence and consequences 2 / La prévalence et les conséquences de la violence basée sur le genre 2

TUESDAY DECEMBER 11 / MARDI 11 DÉCEMBRE**16:30 - 18:30**

- 31 UAPS Plenary Session: Constitution and New Strategic Plan / Séance plénière de l'UEPA: Constitution et nouveau plan stratégique

WEDNESDAY DECEMBER 12 / MERCREDI 12 DÉCEMBRE**08:30 - 10:30**

- 32 Demographic determinants and consequences of HIV and AIDS / Les déterminants démographiques et les conséquences du VIH et du SIDA
 - 33 What are the social and economic returns of schooling in contemporary Africa? / Quels sont les gains sociaux et économiques de la scolarité contemporaine en Afrique?
 - 34 International migration in Africa / Migration internationale en Afrique
 - 35 Family and Child Health / Santé des enfants et de la famille
 - 36 Side meeting: Realising Sexual and Reproductive Health Rights in Poor and Vulnerable Populations / Séance spéciale: reconnaître ses droits
 - 37 Gender, Sexuality, and Vulnerability; Exploring Intersections in Human Populations / Genre, sexualité et vulnérabilité : Exploration des intersections dans les populations humaines
 - 38 Side meeting: World Bank, South South presentations / Séance spéciale : La Banque Mondiale et les présentations Sud-Sud
-

WEDNESDAY DECEMBER 12 / MERCREDI 12 DÉCEMBRE

10:45 - 12:45

- 39 Lessons from integration of reproductive health, family planning, and HIV and AIDS programs / Des leçons tirées des programmes d'intégration de la Santé de la Reproduction, du Planning Familial et du VIH et du SIDA
- 40 What is the impact of high fertility on family wellbeing? / Quel est l'impact de la fécondité élevée sur le bien-être de la famille?
- 41 Male sexual and reproductive health needs / Les besoins sexuels et de santé de la reproduction des hommes
- 42 Effects of HIV/AIDS on children / Les effets du HIV/SIDA sur les enfants
- 43 Gender based violence: prevalence and consequences / La prévalence et les conséquences de la violence basée sur le genre
- 44 Households' and communities' coping mechanisms to multiple shocks / Les mécanismes d'adaptation des ménages et des communautés face aux chocs multiples
- 45 Methodological issues in measuring poverty and human welfare / Questions méthodologiques dans la mesure de la pauvreté et le bien-être humain

WEDNESDAY DECEMBER 12 / MERCREDI 12 DÉCEMBRE

12:45 - 14:15

P-2 Poster Session 2 / Séance posters 2

WEDNESDAY DECEMBER 12 / MERCREDI 12 DÉCEMBRE

14:15 - 16:15

- 46 Reproductive health rights and choices / Droits à la santé de la reproduction et droit de choisir
- 47 National HIV prevalence estimates: advantages and limitations of different estimation methods / Déterminants des taux de prévalence différentiels du VIH à l'intérieur et à travers les pays
- 48 Determinants of fertility change in Africa / Déterminants du changement de la fécondité en Afrique
- 49 Other Emerging Issues in Population in Eastern Africa / D'autres questions émergentes dans la population en Afrique orientale
- 50 Cohabitation, marriage and remarriage patterns / Les caractéristiques de la cohabitation, du mariage et du remariage
- 51 Cohabitation, marriage and remmarriage patterns / Modèles de cohabitation, de mariage et de remariage
- 52 Side meeting: Emerging population issues and their impacts on economic development: Opportunities and Challenges, Africa Development Bank / Séance spéciale: Africa Development Bank

WEDNESDAY DECEMBER 12 / MERCREDI 12 DÉCEMBRE

16:30 - 18:30

- 53 Side meeting: Protecting the next generation / Séance spéciale: protéger la génération prochaine
- 54 Trends and Determinants of Child Health and Mortality in sub-Saharan Africa / Tendances et déterminants de santé infantile et de mortalité en Afrique sous-saharienne.
- 55 Family Planning in Kenya / Planning Familial au Kenya
- 56 The Wellbeing of Older People: Measurement issues / Mesurer le bien-être des personnes âgées
- 57 Adolescent transitions to adulthood / Transitions de l'adolescence à l'âge adulte
- 58 HIV and AIDS and familles 2 / VIH, le SIDA et les familles 2
- 59 The changing role of women in African families / Le rôle changeant des femmes dans les familles africaines

THURSDAY DECEMBER 13 / JEUDI 13 DÉCEMBRE

08:30 - 10:30

- 60 Contraception method mix and dual protection / Méthodes contraceptives mixtes et double protection
- 61 Consequences of rapid urbanization / Conséquences de l'urbanisation rapide
- 62 Adolescent transitions and sexual behavior / Transitions de l'adolescence et comportement sexuel
- 63 Populations in conflict situations / Populations en situations de conflit
- 64 Measuring the burden of disease / Mesurer le fardeau de la maladie
- 65 Gender inequities and inequalities / Différences et inégalités liées au genre
- 66 Side meeting: sharing experiences of the 4th African Population Conference / Séance spéciale: Partager les expériences de la 4ème conférence africaine sur la population

THURSDAY DECEMBER 13 / JEUDI 13 DÉCEMBRE

10:45 - 12:45

- 67 Side meeting: UNFPA / Séance spéciale du FNUAP
- 68 Understanding health and population dynamics through longitudinal demographic surveillance systems / Comprendre la santé et la dynamique de la population à travers les systèmes de surveillance démographique longitudinale
- 69 Consequences of African international migration / Conséquences de la migration internationale africaine.
- 70 Knowledge and Attitudes towards HIV and HIV voluntary testing / La connaissance et attitudes envers le VIH et le test volontaire du VIH
- 71 Sex education: the intersection of traditional systems / Education sexuelle : lignes d'intersection avec le système traditionnel
- 72 Migration and Urbanization / Migration et Urbanisation
- 73 UK Parliament report on population growth and the MDGs / Rapport du parlement du Royaume Uni sur la croissance de la population et les OMD

THURSDAY DECEMBER 13 / JEUDI 13 DÉCEMBRE

12:45 - 14:15

P-3 Poster Session 3 / Séance posters 3

THURSDAY DECEMBER 13 / JEUDI 13 DÉCEMBRE

14:15 - 16:15

- 74 The future of family planning programmes in Africa / L'avenir des programmes de planning familial en Afrique
- 75 Urbanization and human welfare / Urbanisation et le bien être humain
- 76 Experiences and impacts of universal primary education policies on human development / Expériences et effets des politiques d'éducation primaire universelle sur le développement humain
- 77 Impact of HIV and AIDS on the wellbeing of older people / L'impact du VIH et du SIDA sur le bien-être des personnes âgées
- 78 HIV and AIDS and families / Le VIH, le SIDA et les familles
- 79 Achieving MDG targets through addressing inequities / Réaliser les OMD en ciblant l'inégalité (l'inégalité)

THURSDAY DECEMBER 13 / JEUDI 13 DÉCEMBRE

16:30 - 18:30

- 80 UAPS Annual General Meeting / Réunion Générale annuelle de l'UEPA

FRIDAY DECEMBER 14 / VENDREDI 14 DÉCEMBRE

08:30 - 10:30

- 81 Population and environmental change in Africa / Population et changements environnementaux en Afrique
- 82 Sexuality in the African context / Sexualité dans le contexte africain
- 83 Stalling fertility – a trans-national perspective / Une fécondité calée: une perspective transnationale
- 84 Consequences of internal migration / Conséquences de la migration interne
- 85 HIV and AIDS Impacts / Les Impacts du VIH et du SIDA
- 86 Lessons in developing and utilizing civil registration systems in Africa / Leçons sur la mise en place et l'utilisation d'un système d'état civil en Afrique
- 87 Capacity building: Getting published in peer-reviewed journals / Renforcement de capacité: atelier sur la communication

FRIDAY DECEMBER 14 / VENDREDI 14 DÉCEMBRE

10:45 - 12:45

- 88 Inequalities in access to maternal health services / Inégalités à l'accès aux services de santé maternelle
- 89 Reproductive health rights and choices 2 / Droits à la santé de la reproduction et droit de choisir 2
- 90 Lessons in measuring poverty and human wellbeing / Leçons de la mesure de la pauvreté et du bien-être humain
- 91 Epidemiological transition: dual burden of communicable and non-communicable diseases / La transition épidémiologique: Le double fardeau des maladies transmissibles et non transmissibles
- 92 Determinants of Adult Mortality in Africa / Déterminants de la mortalité adulte en Afrique
- 93 Evidence of Malthusian pressures in subsistence farming population, water sources / Evidence de la pression malthusienne s'exerçant aussi bien sur les populations vivant de cultures de subsistance que sur les sources d'eau

FRIDAY DECEMBER 14 / VENDREDI 14 DÉCEMBRE

12:45 - 14:15

P-4 Poster Session 4 / Séance posters 4

FRIDAY DECEMBER 14 / VENDREDI 14 DÉCEMBRE

14:15 - 16:15

- 95 Debate on population growth in Africa. Organised by the IUSSP Panel on African Population Growth and Human Welfare / Débat de l'UIESP sur l'expansion démographique en Afrique
- 96 Influences on women's reproductive lives / Influences sur les vies reproductrices des femmes
- 97 Gender inequities and MDGs / Inégalités de genre et les OMD
- 98 Emerging and re-emerging diseases (e.g. malaria, tuberculosis etc) / Les maladies émergentes et réémergentes (ex. le paludisme, la tuberculose etc.)
- 99 Household and family influences on adolescent sexuality / Influences du ménage et de la famille sur la sexualité adolescente
- 100 Human capital needs for achieving MDGs in Africa / Besoins en ressources humaines pour atteindre les OMD en Afrique
- 101 Side meeting: UNECA / Séance spéciale de l'UNECA

FRIDAY DECEMBER 14 / VENDREDI 14 DÉCEMBRE

16:30 - 18:30

- 102 Closing ceremony / Cérémonie de clôture

UAPS 2007 PROGRAM / UEPA 2007 PROGRAMME

Monday December 10 / Lundi 10 Décembre, 08:30 - 12:45

Simba -

1 OPENING CEREMONY / CÉRÉMONIE D'OUVERTURE

Monday December 10 / Lundi 10 Décembre, 12:45 - 14:15

Simba -

2 TANZANIAN POSTER SESSION / SÉANCE DE POSTERS DE LA TANZANIE

- 1 Poverty and HIV/AIDS, Mbutu Agriculture Society Experience in Tanzania • Mr. Kassimu Nusuhela and Uisso Amani**
 - 2 Assessment of Agro-Pastoralists Attitude Towards Selling Cattle and Goats in Dodoma, Tanzania • Sambali, Joseph James, *Development Studies Institute, Sokoine University of Agriculture, Morogoro, Tanzania***
 - 3 An assessment of availability, transfer and utilization of indigenous grain storage protectants in Tanzania • Amos Nicolao, *Sokoine University of Agriculture***
 - 4 Impact assessment of conservation initiatives in the Uluguru Mountains and their sustainability, Morogoro District, Tanzania • Hezron K Sanga, *Sokoine University of Agriculture***
 - 5 A clash of civilizations or vicissitudes of history? Christian-muslim differentials in contraceptive use in Nigeria and Tanzania • Victor Agadjanian, *Arizona State University*; Scott T Yabiku, *Arizona State University*; Lubayna Fawcett, *Arizona State University***
 - 6 Risk factors associated with HIV/AIDS infection among itinerant women entrepreneurs in Mbeya Region, Tanzania • Jeremiah Kirway, *Mzumbe University***
 - 7 Correlates of Sexual Behaviour among barmaids in Morogoro Municipal, Tanzania • Thecla Mendile, *Sokoine University of Agriculture*; Eleuther A.M Mwageni, *Sokoine University of Agriculture***
 - 8 Effects of HIV/AIDS intervention programmes on the sexual behaviour of youths in Tanzania • Swithbert Mkama, *President's Office*; Eleuther A.M Mwageni, *Sokoine University of Agriculture***
 - 9 NGOs on HIV/AIDS mitigation in Morogoro municipality Tanzania • Eneedy O Mwanakatwe, *Morogoro Municipal*; David Mhando, *Sokoine University of Agriculture***
 - 10 Assessment and monitoring of changes in interest of pastoralists in selling their livestock for their livelihood diversification in Ngorongoro District, Tanzania • Michael Emanuel Haule**
 - 11 Trust, commitment, fidelity, and condom use among young adults in Tanzania • Megan Klein Hattori, *University of Maryland***
 - 12 Factors associated with sexual behaviour among Public University students in Tanzania • John Jeckoniah, *Sokoine University of Agriculture***
 - 13 Perceived peer influence on sexual behaviour among secondary schools adolescents in Tanzania • Paulina Mabuga, *University of Dar es Salaam***
 - 14 Bush meat hunting, rural food security and livelihood in Uluguru Mountains Tanzania • Gladys Mahiti, *Sokoine University of Agriculture***
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- 15 **Impact of sexual and reproductive health education on adolescents behaviour towards HIV/AIDS transmission in Morogoro Municipal in Tanzania** • **Wambuka Rangi**, *Sokoine University of Agriculture*
 - 16 **Differentials in treatment seeking for common childhood illnesses in Tanzania: Does economic status matter?** • **Sumit Mazumdar**, *International Institute for Population Sciences (IIPS)*; **Papiya Guha Mazumdar**, *International Institute for Population Sciences (IIPS)*
 - 17 **Evaluating four approaches to community-based programming for orphans and vulnerable children in Kenya and Tanzania** • **Florence Nyangara**, *Constella Futures/MEASURE Evaluation*; **Minki Chatterji**, *Mathematica Policy Research, Inc.*; **Tonya Thurman**, *Tulane University*; **Timothy Wakabi**, *Axios Foundation*; **Zaharani Kalungwa**, *Axios Foundation*; **Lawrence Ikamari**, *University of Nairobi*; **Nana Koran**, *Tulane University*; **Kathy Buck**, *Futures Group Europe*

Monday December 10 / Lundi 10 Décembre, 1400 - 1600

Mbayuwayu -

3a TANZANIA DAY THEME ONE / JOURNEE DE LA TANZANIE THEME 1: REPRODUCTIVE HEALTH AND HIV / SANTE DE LA REPRODUCTION ET VIH

Chair / Président(e): **Dr. Mmbando. D**, *Director-Ministry of Health*

Discussant / Discutant: **Prof. Massawe. S**, *Muhimbili University of Health and Allied Sciences*

- 1 **Reproductive Health and HIV/AIDS: Minstry of Education and Vocational Training (MOEVT) Experiences** • **Laetitia Sayi**
- 2 **Monitoring HIV Among High Risk Populations in Zanzibar - Tanzania** • **Mohammed J.U. Dahoma and Ahmed Mohammed Khatib**
- 3 **Overview of Sexual and Reproductive Health Services in Tanzania** • **Catherine Sanga**
- 4 **Emergency Obstetric Care Beyond the Hospital Level in Kigoma Rural District Tanzania** • **Dismas Vyagusa**
- 5 **Attitudes of Students in Institutions of Higher Learning on Condom Use as Preventative Gadget for HIV Infection** • **Mary Kitula**

Monday December 10 / Lundi 10 Décembre, 1400 - 1600

Manyara -

3b TANZANIA DAY THEME TWO / JOURNEE DE LA TANZANIE THEME 2: MIGRATION AND URBANISATION / MIGRATION ET URBANISATION

Chair / Président(e): **Mr. Mjema. E.M**, *Ag.Director-Ministry of Planning, Economy and Empowerment*

Discussant / Discutant: **Prof. Kironde**, *Ardhi University*

- 1 **Rural-Urban Migration, Urbanisation and Poverty in Tanzania: A Case of Kondoa District** • **I.B. Kataga**, *Institute of Rural Development, Dodoma*
 - 2 **The Impact of Migration in Moshi Rural District, Tanzania** • **Lulazabeth Jackson Kitali**, *University of Dar es Salaam*
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- 3 **The Rapid Growth of Towns and Migration in Tanzania: A Case Study of Babati Town, Josephine Lawi, *University of Dar es Salaam***
 - 4 **Uprooted and Marginalized People in Tanzania: A Case Study of Maasi in Urban Area • Milne J. Mbonile, *University of Dar es Salaam*; Elias M.Nagol, *Bordeaux III University France***
 - 5 **Migration and Rapid Urbanisations: Challenges Facing Zanzibar Town • Ghalib Omar Awadh**

Monday December 10 / Lundi 10 Décembre, 1400 - 1600

Tausi -

3c TANZANIA DAY THEME THREE / JOURNEE DE LA TANZANIE THEME 3: GENDER AND POVERTY / GENRE ET PAUVRETE

Chair / Président(e): **Prof. Mbilinyi. M.**, *Institute of Development Studies, University of Dar es Salaam*

Discussant / Discutant: **Prof. Koda**, *Institute of Development Studies, University of Dar es Salaam*

- 1 **Community Participation in Water Resources and Sanitation Management in Tanzania: A Case Study of Lindi Region • G.M. Naimani; V.I. Ngomuo, *University of Dar es Salaam and Rwegarulila Water Resource Institute***
- 2 **Conceptualising Gender and Poverty Eradication in Tanzania • Rehema Mwateba and USU Mallya**
- 3 **The Outcome of Effective Multiple Interventions Against Malaria, The Zanzibar Experience, Mohamed Omary Mohamed**
- 4 **HIV/AIDS Impacts and Poverty Trap in Rural Tanzania: Empirical Evidence From Rungwe District • Adam Ben Swebe Mwakalobo**
- 5 **Gender Relations Among Small-Scale Tobacco Producers in Urambo District, Tabora Region, Tanzania • Mbwambo Jonathan Stephen; Matata, L. W.M; Lyimo-Macha J.G.**

Monday December 10 / Lundi 10 Décembre, 1400 - 1600

Twiga -

3d TANZANIA DAY THEME FOUR / JOURNEE DE LA TANZANIE THEME 4: ENVIRONMENT / ENVIRONNEMENT

Chair / Président(e): **Yakout H. Yakout**, *Commissioner, Ministry of Finance and Economic Affairs, Zanzibar*

Discussant / Discutant: **Mr. Mgurusi**, *Director, Vice President Office, Environment*

- 1 **The Influence of Population Pressure on Resource Degradation in Zanzibar • Hamd, A. J and Juma, S.M**
 - 2 **Population Dynamics and Land Use Changes in Tanzania: Lessons for Agricultural Growth and Land Degradation in Tanzania • Mbwambo, J.S., Mwageni, E.A., Chingonikaya, E.E. and Mwakalobo, A.B.S.M.**
 - 3 **Understanding the Population-Environment Linkages in Globalized Tanzania • Davis Mwamfupe, *Dar es Salaam University College of Education***
 - 4 **Population and Environmental Degradation: Some Experiences from Tanzania • R.Y.M. Kangalawe and J.G. Lyimo, *Institute of resource assessment, University of Dar es Salaam***
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Monday December 10 / Lundi 10 Décembre, 16:30 - 18:30

Mbayuwayu -

4 EMERGING ISSUES IN THE DEMOGRAPHY OF EAST AFRICA / LA DÉMOGRAPHIE DE L'AFRIQUE DE L'EST : QUESTIONS ÉMERGENTES

Chair / Président(e): **Milne Mbonile**, *University of Dar es Salaam*

Discussant / Discutant: **Eleuther A.M Mwageni**, *Sokoine University of Agriculture*

- 1 **Utilization of antenatal services among adolescents in Western Uganda** / L'utilisation des services prénatals chez les adolescents de l'Ouest de l'Ouganda, le cas de la circonscription de Kabarole. • **Jennifer A Kasabiiti**, *Makerere University*
- 2 **Explaining persistent high fertility in Uganda using ethnicity: A case of Itesot and Basoga ethnic groups** / Expliquer la fécondité persistante et élevée en Ouganda en utilisant l'appartenance ethnique: le cas des groupes ethniques d'Itesot et de Basoga • **Yovani Moses A Lubaale**, *Makerere University, Institute of Statistics and Applied Economics, ISAE*
- 3 **Tobacco use by young people (adolescents) in Ugandan high schools** / L'utilisation du tabac chez les jeunes (adolescents) dans les écoles supérieures de l'Ouganda • **Fredrick D Musoke**, *Makerere University*
- 4 **The Fertility Transition in Kenya: A Comparison of Factors in the Timing of Second and Third Births Over the 1977-1989 and 1991-2003 Periods** / La transition de la fécondité au Kenya: une comparaison des facteurs dans la programmation de la deuxième et de la troisième naissance au cours des périodes 1977-1989 et 1991-2003 • **David Ojaka**, *Université de Montréal*
- 5 **Levels and trends of early childhood mortality in Kenya: New estimates based on the own children method** / Niveaux and tendances de la mortalité infantile au Kenya: nouvelles estimations basées sur la méthode de "Own Children" • **Collins Opiyo**, *University of Pennsylvania*

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Tausi -

5 ROUND TABLE: ETHICS OF COLLECTING BIO-MARKERS IN POPULATION AND HEALTH RESEARCH / TABLE-RONDE: L'ETHIQUE DE LA COLLECTE DES BIO-MARQUEURS DANS LA RECHERCHE EN POPULATION ET SANTÉ

Chair / Président(e): **Bengo Mfutso**

Monday December 10 / Lundi 10 Décembre, 16:30 - 18:30

Themi -

6 SIDE MEETING: IMPROVING GRADUATE LEVEL TRAINING IN AFRICAN UNIVERSITIES / SÉANCE SPÉCIALE: AMÉLIORER LE NIVEAU DE FORMATION DES DIPLOMÉS DANS LES UNIVERSITÉS AFRICAINES

Chair / Président(e): **Caroline Kabiru**, *African Population and Health Research Center (APHRC)*

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Twiga -

7 SIDE MEETING: Tanzania Youth Association (TAYOA)

Monday December 10 / Lundi 10 Décembre, 16:30 - 18:30

Manyara -

8 SIDE MEETING: HEADS OF NATIONAL POPULATION COORDINATING UNITS / SÉANCE SPÉCIALE : DIRIGEANTS DES UNITÉS DE COORDINATION NATIONALE DE POPULATION

Chair / Président(e): **Boniface Koyugi**, *National Coordinating Agency for Population and Development, Kenya*

Monday December 10 / Lundi 10 Décembre, 16:30 - 18:30

Kagera -

9 SIDE MEETING: ABSTAINING FROM REALITY: USA RESTRICTIONS / SÉANCE SPÉCIALE: IGNORER LA RÉALITÉ: LES RESTRICTIONS DES USA

Chair / Président(e): **Rosemary Muganda**, *Population Action International*

Monday December 10 / Lundi 10 Décembre, 16:30 - 18:30

Mbuni -

10 SIDE MEETING: WORLD HEALTH ORGANIZATION (WHO) / SÉANCE SPÉCIALE: ORGANISATION MONDIALE DE LA SANTÉ (OMS)

Chair / Président(e): **Akim Mturi**, *Human Sciences Research Council*

Tuesday December 11 / Mardi 11 Décembre, 08:30 - 10:30

Mbayuwayu -

11 EXPLAINING CONTRASTING NATIONAL TRENDS AND PROGRESS IN ACHIEVING MDG 4 / EXPLICATION DES TENDANCES NATIONALES CONTRASTÉES ET LE PROGRÈS OBTENU LORS DE LA RÉALISATION DES OMD4

Chair / Président(e): **Catherine Kyobutungi**, *African Population and Health Research Center (APHRC)*

Discussant / Discutant: **Paul Kizito**, *National Coordinating Agency for Population and Development, Kenya*

- 1 The stalling child mortality in Ghana: the case of three northern regions / La stabilisation de la mortalité infantile au Ghana: le cas des trois régions du Nord** • **Mutaru G Iddrisu**, *University of Cape Town*
 - 2 Factors associated with perinatal deaths in Kenya / Les facteurs associés aux décès périnataux au Kenya** • **Anne Khasakhala**, *University of Nairobi*; **Patrick M Ndavi**, *University of Nairobi*
 - 3 Trends and determinants of childhood mortality in rural South Africa: What can it tell us about the impact of government programs? / Les tendances et les déterminants de la mortalité infantile en milieu rural de l'Afrique du Sud: Que peuvent-ils nous dire au sujet de l'impact des programmes du gouvernement?** • **Nadine Nannan**, *Medical Research Council of South Africa*; **Debbie Bradshaw**, *Medical Research Council of South Africa*; **Rob Dorrington**, *University of Cape Town*
 - 4 Child mortality reduction in sub-Saharan African countries : progress and challenges / La réduction de la mortalité infantile dans les pays africains sub-sahariens** • **Ulimiri V Somayajulu**, *TNS India*; **Tilak Mukherji**, *TNS India*
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Tausi -

12 ADOLESCENTS' SEXUAL AND REPRODUCTIVE HEALTH / SEXUALITÉ ET SANTÉ DE LA REPRODUCTION DES ADOLESCENTS

Chair / Président(e): **Ann E. Biddlecom**, *Guttmacher Institute*

Discussant / Discutant: **Parfait Eloundou-Enyegue**, *Cornell University*

- 1 **The experience of maternal morbidity among adolescents in South Nyanza, Kenya** / L'expérience de la morbidité maternelle chez les adolescents au sud du Nyanza, Kenya • **Monica A. Magadi**, *City University*; **Zoe Matthews**, *University of Southampton*; **R. William Stones**, *University of Southampton*
- 2 **Initiation to sexuality and exposure of young Malians to procreative life: are changing behaviours associated with increasing human resources? / Initiation sexuelle et entrée dans la vie procréative des jeunes maliens : la transformation des comportements est-elle associée à des ressources humaines accrues ?** • **Bassoutoura Gakou**; **Claudine E.M. Sauvain-Dugerdil**, *Université de Genève*; **Fatou Berthél**; **Abdoul Wahab Dieng**, *Université de Genève*
- 3 **The effects of family and residential arrangements on the sexual behaviour of adolescents and young people in Cameroon. A life cycle analysis. / Effets des structures familiales sur le risque d'entrée en sexualité prémaritale des adolescents et des jeunes au Cameroun : Une analyse selon la perspective du parcours de vie** • **Estelle Sidze**, *Université de Montréal*; **Barthelemy D. Kuate**, *Université de Montréal*
- 4 **Girls' Vulnerability to HIV and AIDS: The Case of Murehwa District, Zimbabwe** / La vulnérabilité des filles face au VIH et au SIDA: le cas de la préfecture de Murehwa, Zambie • **Naomi N Wekwete**, *University of Zimbabwe*; **Nyasha Madzingira**, *SAFAIDS*

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Themi -

13 DETERMINANTS OF SUB-NATIONAL DIFFERENCES IN HIV PREVALENCE / DETERMINANTS DES DIFFERENCES SOUS-NATIONALES DANS LA PRÉVALENCE DU VIH

Chair / Président(e): **Basia Zaba**, *London School of Hygiene and Tropical Medicine*

Discussant / Discutant: **Vinod Mishra**, *Macro International Inc.*

- 1 **Modelling variables of risk elements in sexual orientations: a comparative analysis of Lagos-based mercantile population groups** / Construire un modèle de variables sur les éléments à risque dans les orientations sexuelles: une analyse comparative des groupes de populations commerçantes basées à Lagos • **Olatunji Babatola**, *University of Lagos*
- 2 **Determinants of regional differences in HIV prevalence in North-Western and Southern provinces of Zambia** / Les déterminants des différences régionales en prévalence du VIH dans les provinces du Nord Ouest et du Sud de la Zambie • **Vesper H Chisumpa**, *University of Zambia*
- 3 **The epidemiology of HIV infection in Zambia** / L'épidémiologie de l'infection du VIH en Zambie • **Ngianga-Bakwin Kandala**, *University of Warwick*; **James Brown**, *University of Southampton*

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- 4 **Educational status and HIV disparities in Cameroon: Are the uneducated at reduced risk of HIV infection?** / Niveau d'éducation et disparités en VIH au Cameroun: le risque d'infection par le VIH des illettrés est-il réduit? • **Joyce N Mumah**, *Utah State University*;
 - 5 **An assessment of the HIV risk factors and variations in HIV prevalence in rural Malawi** / Une évaluation des facteurs à risque du VIH et les variations dans la prévalence du VIH en milieu rural au Malawi • **Francis Obare**, *Population Council*

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Twiga -

14 ESTIMATING THE IMPACT OF HIV AND AIDS: METHODOLOGICAL APPROACHES / ESTIMER L'IMPACT DU VIH ET DU SIDA : APPROCHES MÉTHODOLOGIQUES

Chair / Président(e): **Kefiloe Masiteng**, *Statistics South Africa*

Discussant / Discutant: **Boniface Koyugi**, *National Agency for Population and Development, Kenya*

- 1 **For better or worse, till death do us part: estimating the marriage contribution to the HIV epidemic in sub-Saharan Africa** / Pour le meilleur et pour le pire, jusqu'à ce que la mort nous sépare: estimer la contribution du mariage à l'épidémie du VIH en Afrique sub-saharienne • **Jimi Adams**, *Columbia University*
- 2 **A methodology for projecting sub-national populations allowing for the impact of HIV/AIDS and where data are limited and defective** / Une méthodologie pour faire des projections sur les populations des sous-régions (des pays), pour permettre la mesure des impacts du VIH/SIDA et pour détecter les données limitées et défectueuses • **Rob Dorrington**, *University of Cape Town*; **Tom A. Moultrie**, *University of Cape Town*
- 3 **Prevention and medication of HIV/AIDS: The case of Botswana** / Prévention du VIH/SIDA et médication : le cas du Botswana • **Gustav Feichtinger**, *Vienna University of Technology*
- 4 **Demographic, socio-economic and environmental aspects of the HIV/AIDS epidemic in Tanzania, with a focus on Kagera and Iringa regions** / Les aspects démographiques, socio-économiques et environnementaux de l'épidémie du VIH/SIDA en Tanzanie, une attention particulière sur les régions de Kagera et Iringa • **Franz-Michael Rundquist**, *Lund University*; **Mikael Hammar skjöld**, *Lund University*

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Manyara -

15 CHILD PROTECTION AND DEVELOPMENT / PROTECTION ET DÉVELOPPEMENT DE L'ENFANT

Chair / Président(e): **Soukeynatou Fall Kaba**, *United Nations Population Fund (UNFPA)*

Discussant / Discutant: **Richard Dackam-Ngatchou**, *United Nations Population Fund (UNFPA)*

- 1 **Survival and rights: use of children in the fishing industry on the Volta Lake in Ghana** / La survie et les droits: l'utilisation des enfants dans l'industrie de pêche sur le lac Volta au Ghana • **Samuel K Annim**, *University of Cape Coast*; **Eugene Darteh**, *African Population and Health Research Center (APHRC)*
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- 2 **Perinatal and neonatal mortality among the Mijikenda community of Kilifi District.** / La mortalité périnatale et néonatale dans la communauté des Kijikenda dans la préfecture de Kilifi • **Evasius K Bauni**, *Kenya Medical Research Institute (KEMRI)*; **Hellen Gatakaa**, *Kenya Medical Research Institute (KEMRI)*; **Tom Williams**, *Wellcome Trust*; James Nokes, *Wellcome Trust*; **Anthony Scott**, *Wellcome Trust*
 - 3 **Do health services in Africa correspond to the health needs of the populations? The case of constructing a new hospital in a rural setting in Senegal / L'offre sanitaire en Afrique correspond-t-elle aux besoins des populations? Le cas de la construction d'un nouvel hôpital en milieu rural au Sénégal** • **Malick Kante**, *Institut National d'Études Démographiques (INED)*; **Emmanuelle Guyavarch**, *Institut National d'Études Démographiques (INED)*; **Gilles Pison**, *Institut National d'Études Démographiques (INED)*
 - 4 **Socio- cultural challenges facing community- based interventions in providing care and support to children affected by HIV/AIDS in Lesotho** / Les défis socioculturels entravant les interventions à base communautaire dans la provision de soin et de soutien aux enfants affectés by le VIH/SIDA au Lesotho • **Ts'epang Manyeli**, *National University of Lesotho*
 - 5 **Reduction in the burden of malarial anaemia: Confirmation of an anti-vector approach** / La réduction du fardeau du paludisme anémique: confirmation de l'approche anti-vecteur • **Jasbir K. Sangha**, *Macro International Inc.*; **Kiersten Johnson**, *Macro International Inc.*

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Kagera -

16 ACHIEVING THE MDG TARGETS FOR WATER AND SANITATION / RÉALISATION DES OBJECTIFS DES OMD POUR L'EAU ET L'HYGIÈNE

Chair / Président(e): **Oladele Arowolo**, *United Nations Population Fund (UNFPA)*

Discussant / Discutant: **Matt Smith**, *University of Warwick*

- 1 **Facing up the challenges of the MDG drinking water target. Address inequities of a basic need access** / Faire face aux défis des OMD relatifs à l'eau potable. Adresser les inégalités dans l'accès aux besoins essentiels. • **Stéphanie Dos Santos**, *LPED/IRD*
 - 2 **Availability of domestic water in Tanzania: Are we close to realizing the MDG?** / La disponibilité de l'eau domestique en Tanzanie: sommes-nous proche de la réalisation des OMD? • **Esther W Dungumaro**, *University of Natal at Durban*
 - 3 **Health and livelihood implications of marginalization of slum dwellers in provision of basic services in Nairobi city** / La marginalisation (par manque d'approvisionnement en services essentiels de base) des habitants des bidonvilles de Nairobi et les implications pour leur santé et leur mode de vie. • **Elizabeth W Kimani-Murage**, *University of the Witwatersrand*; **Chi-Chi Undie**, *African Population and Health Research Center (APHRC)*; **Eliya M Zulu**, *African Population and Health Research Center (APHRC)*
 - 4 **Quality of water the slum dwellers use: The case of a Kenyan slum** / La qualité de l'eau utilisée par des habitants des bidonvilles au Kenya • **Elizabeth W Kimani-Murage**, *University of the Witwatersrand*; **Augustine Ngindu**, *World Health Organization (WHO)*
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Mbuni -

17 SIDE MEETING: CEPED PRESENTATION / SÉANCE SPÉCIALE: PRÉSENTATION DU CEPED

Chair / Président(e): **William Molmy**, *Centre Français sur la Population et le Développement (CEPED)*

Tuesday December 11 / Mardi 11 Décembre, 10:45 - 12:45

Mbayuwayu -

18 COMMUNITY BASED APPROACHES TO IMPROVING CHILD AND MATERNAL HEALTH / APPROCHES À BASE COMMUNAUTAIRE POUR L'AMÉLIORATION DE LA SANTÉ MATERNELLE ET INFANTILE

Chair / Président(e): **Rose Nathan Lema**, *Ifakara Health Research and Development Centre*

Discussant / Discutant: **Thepista John**, *WHO Tanzania*

- 1 Keneya Ciwara: a program promoting the improvement of child survival in Mali / **Keneya Ciwara : Un programme promoteur pour l'amélioration de la survie de l'enfant au Mali** • **Nouhoum Koita**, *CARE International au Mali*; **Abdoul Karim Coulibaly**, *CARE USA*
- 2 **Connecting communities across the region: How best practices in child survival are being shared** / Relier les communautés à travers la Région: Comment les bonnes pratiques de la survie de l'enfant sont-elles partagées? • **Adama Kone**, *Management Sciences for Health*; **Chevenee Reavis**, *Management Sciences for Health*; **Stephen Redding**, *Management Sciences for Health*
- 3 **How to help poor women deliver safely?** / Comment aider les pauvres femmes à accoucher sans risque • **Ndola Prata**, *University of California, Berkeley*; **Alisha Graves**, *Venture Strategies*; **Maura Graff**, *University of California, Berkeley*; **Malcolm Potts**, *University of California, Berkeley*
- 4 **Using community resources to provide maternal and child health services: lessons learned from developing countries** / Utiliser les ressources communautaires pour pourvoir aux services de soins maternels et infantiles: les leçons apprises des pays en voie de développement • **Ubaidur Rob**, *Population Council*; **Md. Noorunnabi Talukder**, *Population Council*
- 5 **Preventing postpartum haemorrhage at homebirth** / Prévenir l'hémorragie post-natale de l'accouchement à la maison • **Harshadkumar Sanghvi**, *JHPIEGO*

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Tausi -

19 EXPLANATIONS FOR STALLED AND PERSISTENTLY HIGH FERTILITY / EXPLICATIONS POUR LA PERSISTANCE DE LA FÉCONDITÉ ÉLEVÉE ET CALLÉE

Chair / Président(e): **Alex Ezeh**, *African Population and Health Research Center (APHRC)*

Discussant / Discutant: **Martha M Campbell**, *University of California, Berkeley*

- 1 **New times, new families: the stall in Ghanaian fertility** / Nouveaux temps, nouvelles familles: une stabilisation de la fécondité au Ghana? • **Samuel Agyei-Mensah**, *University of Ghana*

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- 2 **Exploring the causes of recent stalling of fertility in Bangladesh** / Explorer les causes de la fécondité stabilisée récente au Bangladesh • **M. Mazharul Islam**, *University of Dhaka*
 - 3 **Why has the Kenyan fertility decline stalled?** / Pourquoi le déclin de la fécondité au Kenya s'est-il stabilisé? • **Ekisa L Anyara**, *University of Southampton*; **Andrew Hinde**, *University of Southampton*
 - 4 **Has fertility stopped declining in the Maghreb? / La fécondité a-t-elle fini de baisser au Maghreb?** • **Zahia Ouadah-Bedidi**, *Institut National d'Études Démographiques (INED)*; **Jacques Vallin**, *Institut National d'Études Démographiques (INED)*; **Ibtihel Bouchoucha**, *Université de sciences humaines et sociales de Tunis*

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Themi -

20 EVALUATIONS OF INTERVENTIONS TO IMPROVE SCHOOLING OUTCOMES / EVALUATION DES INTERVENTIONS SUR L'AMÉLIORATION DES RÉSULTATS SCOLAIRES

Chair / Président(e): **Jean-François Kobiané**, *Université de Ouagadougou*

Discussant / Discutant: **Loretta E Bass**, *University of Oklahoma*

- 1 **Basic Universal Education for all by 2015 in Benin: Evaluation of results and major challenges / Scolarisation primaire complète pour tous d'ici 2015 au Bénin : Bilan des résultats et défis majeurs** • **Mouftaou Amadou Sanni**, *Centre de Formation et de Recherche en matière de Population (CEFOP)*
- 2 **Evaluating the impact of community-based interventions on schooling outcomes among orphans and vulnerable children in Lusaka, Zambia** / Evaluer l'impact des interventions à base communautaire sur les résultats de l'école chez les orphelins et les enfants vulnérables à Lusaka, Zambie • **Minki Chatterji**, *Mathematica Policy Research, Inc.*; **Nancy Murray**, *Futures Group International*; **Kathy Buek**, *Futures Group Europe*; **Yvonne Mulenga**, *Project Concern International*; **Tom Ventimiglia**, *Project Concern International*; **Paul Hutchinson**, *Tulane University*
- 3 **Gender differences in schooling experiences among adolescents in Malawi** / Les différences de genre dans les expériences de l'éducation chez les adolescents au Malawi • **Paul C. Hewett**, *Population Council*; **Barbara S Mensch**, *Population Council*; **Joseph Chimombo**, *University of Malawi*; **Richard Gregory**, *Population Council*
- 4 **Burkina Faso 's test on universal basic education: Evaluation of policies at the turn of the year 2000 / Le Burkina Faso à l'épreuve de l'éducation pour tous : Quel bilan des politiques au tournant des années 2000 ?** • **Marc Pilon**, *Institut de Recherche pour le Développement (IRD)*; **Yacouba Yaro**, *Centre d'Etudes de Recherches et de Formation pour le Développement Economique et Social (CERFODES)*

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Twiga -

21 FOSTERING AND ORPHANHOOD IN THE ERA OF HIV/AIDS / ACCUEIL FAMILIAL ET ORPHELINATION DANS CETTE EPOQUE DU VIH ET DU SIDA

Chair / Président(e): **Chiweni E. Chimbwete**, *University of Witwatersrand*

Discussant / Discutant: **Henry V Doctor**, *University of the Western Cape*

- 1 **The Changing Role of Child Fosterage Systems in Educational Inequality Buffering in Zambia** / Le rôle changeant des systèmes de parrainage d'enfant et la régularisation de l'éducation en Zambie • **Vongai Kandiwa**, *Cornell University*

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- 2 **Estimating trends in orphanhood among younger persons in the era of HIV/AIDS in South Africa, 2001 - 2006** / Evaluer les tendances de l'orphelin parmi les jeunes gens à l'ère du VIH/SIDA en Afrique du Sud de 2001 à 2006 • **Eric O Udjo**, *University of South Africa*
 - 3 **Income generating activities and HIV/AIDS in the juvenile population in Congo / Activités génératrices de revenu et VIH/SIDA dans la population juvénile au Congo** • **Prisca Rolande Miyouna**, *Centre d'Etudes et de Recherche sur les Analyses et Politiques Economiques (CERAPE)*

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Manyara -

22 ADULT MORTALITY IN AFRICA / MORTALITÉ À L'ÂGE ADULTE EN AFRIQUE

Chair / Président(e): **Tukufu Zuberi**, *University of Pennsylvania*

Discussant / Discutant: **Quincy Stewart**, *Indiana University*

- 1 **Adult mortality based on death notification data in South Africa: 1997-2004** / Les tendances des causes naturelles et non naturelles de la mortalité adulte en Afrique du Sud: 1997 - 2004 • **Barbara A. Anderson**, *University of Michigan*; **Heston Phillips**, *Statistics South Africa*
- 2 **Estimating adult mortality in Cameroon from census data on household deaths: 1976-1987** / Evaluer la mortalité adulte au Cameroun à partir des données du recensement sur les décès dans les ménages: 1976-1987 • **Martin Bangha**, *University of Pennsylvania*
- 3 **Adult mortality in Southern Africa using deaths reported by households: some methodological issues and results** / Evaluation de la mortalité adulte basée sur les décès signalés par les ménages en Afrique Australe : quelques questions méthodologiques et résultats • **Rob Dorrington**, *University of Cape Town*; **Ian M Timaeus**, *London School of Hygiene and Tropical Medicine*; **Simon Gregson**, *Imperial College*
- 4 **Measuring adult mortality in the era of HIV/AIDS: Estimates from census age distribution** / Mesurer la mortalité adulte dans le cadre du VIH/SIDA: évaluations à partir du recensement de la distribution par âge • **Robert G. Mswia**, *University of North Carolina at Chapel Hill*; **Philip W Setel**, *University of North Carolina at Chapel Hill*; **Tukufu Zuberi**, *University of Pennsylvania*
- 5 **What can census data on household deaths tell us about adult mortality in Lesotho and Botswana?** / Que peuvent nous dire, à propos de la mortalité adulte au Lesotho et au Botswana, les données du recensement sur les décès dans les ménages? • **Kevin J A Thomas**, *Pennsylvania State University*; **Kenneth Hill**, *Harvard University*

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Kagera -

23 MEASURING THE WELLBEING OF OLDER PEOPLE / MESURER LE BIEN-ÊTRE DES PERSONNES ÂGÉES

Chair / Président(e): **Mongi Bchir**

Discussant / Discutant: **Chuks J Mba**, *University of Ghana*

- 1 **Changing pattern of care and support for the aged living in Akungba-Akoko, Nigeria** / Changement de structure de prise en charge et type de soutien aux personnes âgées vivant à Akungba-Akoko, Nigeria • **Emmanuel A Fayankinnu**, *Adekunle Ajasin University*; **Adeyemi A Fayankinnu**, *Adekunle Ajasin University*
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- 2 Differences between men and women in a household of discontinued generations: evolution in time and explanatory factors / Les différences hommes-femmes dans la vie dans un ménage à génération coupée : Évolution dans le temps et facteurs explicatifs • Mahamane Ibrahima, Université de Montréal; Thomas LeGrand, Université de Montréal
 - 3 The elderly, parent-child relationships and AIDS in rural South Africa / Les personnes âgées, les relations entre parent-enfant et le SIDA en milieu rural Sud Africain • Enid Schatz, University of Missouri at Columbia; Rebecca Livengood, University of Missouri at Columbia; Sangeetha Madhavan, University of Maryland
 - 4 Measuring the wellbeing of the elderly. / Mesurer le bien être des personnes âgées • Edwige Nfoume Ella, Direction Générale de la Statistique et des Etudes Economiques (DGSEE); Nicole Ntsame Ondo

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Mbuni -

24 CAPACITY BUILDING SESSION ON WRITING ABSTRACTS / SÉANCE DE RENFORCEMENT DE CAPACITÉ SUR LA RÉDACTION DES RÉSUMÉS DE COMMUNICATIONS

Chair / Président(e): **Susan Watkins**, *University of California, Los Angeles*

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Karafuu Lobby -

P-1 POSTER SESSION 1 / SÉANCE POSTERS 1

- 1 **Migrants' association contributions to rural development in South-Western Nigeria** • Akanni I. Akinyemi, *Obafemi Awolowo University*; Funmi Oloruntimehin, *Obafemi Awolowo University*; Wale Olaopa, *Obafemi Awolowo University*
 - 2 **Chronic stressor in cities in Africa – Nigeria** • Abidemi R Asiyanbola, *Olubisi Onabanjo University*
 - 3 **Assessing rainfall variability impacts on maize yield in Guinean savanna part of Nigeria using GIS technique** • Sina Ayanlade, *Obafemi Awolowo University*
 - 4 **Ecological cost of city growth in Africa: The experience of Kano in Nigeria** • Aliyu Barau, *Geography Dept, Federal College of Education*
 - 5 **Migration internationale et développement au Maroc** • Rachid Chaabita, *Université Hassan II - Casablanca*
 - 6 **Les migrations qualifiantes au Maghreb : entre 'fuite de compétence' ou 'mobilité de compétence'** • Mohamed Charef, *Université Ibn Zohr*
 - 7 **Pression démographique et mobilité étudiante au Maghreb** • Thomas Dubois, *Institut National d'Études Démographiques (INED)*
 - 8 **Is there a descent life for the sub-Saharan African (SSA) aging populations?** • Kamel Esseghairi, *Mediterranean Institute of Social Economy*
 - 9 **Marriage and birth over time and space among Cameroonian migrants to Germany** • Annett Fleischer, *Max Planck Institute for Demographic Research*
 - 10 **Urbanization and living away type of marriage: The case of Kampala City, Uganda.** • Tumwine Fredrick, *Makerere university*; James Ntozi, *Makerere University*
 - 11 **Long term population dynamics in Africa: A perspective from the urban structure** • Reiko Hayashi, *The University of Tokyo, Japan*
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- 12 **Women's autonomy and fertility in urban poor communities in Sudan** • Ghada Ibrahim, *Population Council*; Marwan Khawaga, *American University of Beirut*
 - 13 **Determinants of emerging diseases in Morocco** • Imane Jroundi, *Faculté de Médecine et de Pharmacie de Rabat*
 - 14 **Burkina Faso-Côte d'Ivoire: Rupture ou continuité d'un système migratoire?** • Lama Kabbanji, *Université de Montréal*
 - 15 **The linkage between tempo effect of urbanization and human development index in Africa: Consequences and challenges** • Shahla Kazemi-pour Sabet, *University of Tehran*; Mohammad Mirzaie, *University of Tehran*; Nader Motie Haghsheenas, *Population Studies and Research Center for Asia and the Pacific*; Mahmood Moshfegh, *Population studies and Reasech Center for Asia and the Pacific*
 - 16 **L'impact de l'internet sur la consommation des immigrés Tunisiens.** • Kaouther Kooli, *Institut Supérieur de Gestion de Tunis*; Chérifa Lakhroua Kassar, *IHEC Carthage Tunis*
 - 17 **Violences sexuelles en situation de crise dans le Département d'Abidjan (Côte d'Ivoire)** • Pauline Kouye, *United Nations Population Fund (UNFPA)*; Anne Marie Rachelle Djangone-Mian, *United Nations Population Fund (UNFPA)*; Euphrasie Yao Kouassi
 - 18 **Migration and, sexual and reproductive behaviour among young women in Ghana** • Stephen O Kwankye, *Regional Institute for Population Studies (RIPS) and University of Ghana*
 - 19 **Entre l'UE et le Maghreb, l'Afrique subsaharienne et sa jeunesse dans le "piège migratoire"** • Mehdi Lahlou, *INSEA*
 - 20 **Lesotho 10 Years after ICPD, 1994** • Tsoamathe Maseribane; Mapiiso Lebuso, *National University of Lesotho*
 - 21 **Race, class, schooling and segregation: Blacks, Coloureds, Indians, and Whites in Pretoria, Witwatersrand and Vereeniging** • Fareeda McClinton, *University of Pennsylvania*
 - 22 **Population, urbanisation et développement** • Yves Montenay, *ESCP-EAP/IDP*
 - 23 **How water gets contaminated in rural settings: A study of Upper River Njoro Watershed, Kenya.** • Wilkister N Moturi, *Egerton University*; William A. Shivoga, *Egerton University*
 - 24 **Data collection and analysis in Botswana: A replenishment on concepts and methods in relation to achieving millenium-development-goals(MDGs) targets** • Elizabeth P Mukamaambo, *University of Botswana*; Venant R.N Mutabihirwa, *National University of Lesotho*
 - 25 **Internally displaced populations and implications for development in Zimbabwe's cauldron** • Munyaradzi Mushonga, *National University of Lesotho*
 - 26 **Analysis of the problems and gains associated with rural-urban migration, the Sierra Leone experience** • Sahr Eric Nabieu, *Institute of Public administrtion and Management (IPAM)*
 - 27 **An assessment of availability, transfer and utilization of indigenous grain storage protectants in Tanzania** • Amos Nicolao, *Sokoine University of Agriculture*
 - 28 **The Urban Poor and Environmental Health Policy in Nigeria: Strategies Towards Social Harmony** • Geoffrey I. Nwaka, *Abia State University*
 - 29 **Promoting good urban governance and planning in Africa: Implications for the NEPAD agenda** • Geoffrey I. Nwaka, *Abia State University*
 - 30 **Migration and HIV/AIDS in rural areas: The case of 'de-urbanization' in parts of Southern Africa** • Akabiwa J Nyambe, *University of Cape Town*
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- 31 **Medical care-seeking behaviour and child health in sub-Saharan Africa: The role of maternal age and socio-economic status** • Francis Obare, *Population Council*; Collins Opiyo, *University of Pennsylvania*
 - 32 **From labour settlement to cosmopolitan city: Dynamics of migration and urbanization in Enugu's development, 1915-1990.** • Akachi C. Odoemene, *University of Ibadan*
 - 33 **Changing structure and its implications for well-being: Integration of Population variables into development planning process, ideas from Ghana** • Edward Oppong-Aboagye, *National Population Council Ghana*
 - 34 **Achieving MDG Targets through addressing inequities** • Edward Oppong-Aboagye, *National Population Council Ghana*
 - 35 **Le programme de recherche " Migration internationale et développement", L'enquête Mafé : Une expérience en cours pour mieux appréhender la circulation des individus entre l'Afrique et l'Europe** • Papa Sakho, *Université Cheikh Anta Diop de Dakar*; Alioune Diagne, *Institut de Recherche pour le Développement (IRD)*; Cris Beauchemin, *Institut National d'Études Démographiques (INED)*; David Lessault, *Institut National d'Études Démographiques (INED)*
 - 36 **Conséquences de l'urbanisation rapide sur la spéculation foncière : approche comparative de deux villes secondaires du Sénégal : Matam et Ourosogui** • Mohamadou Sall, *Université Cheikh Anta Diop de Dakar*
 - 37 **A la recherche des déterminants de l'émigration clandestine des jeunes africains vers l'Espagne : le cas du Sénégal.** • Mohamadou Sall, *Université Cheikh Anta Diop de Dakar*
 - 38 **Impact assessment of conservation initiatives in the Uluguru Mountains and their sustainability, Morogoro District, Tanzania** • Hezron K Sanga, *Sokoine University of Agriculture*
 - 39 **Piste de réflexion à partir d'une expérience dans le cadre d'un projet de construction de l'innovation piscicole pour protéger l'écosystème et limiter la pression démographique sur les réserves naturelles d'eau** • Minette Tomedi Tabi, *Université de Dschang*
 - 40 **Pauvreté multidimensionnelle et politiques sociales au Bénin** • Cosme Vodounou, *Institut National de la Statistique, Benin*
 - 41 **Drinking water quality in Ghana: Individual and household determinants** • Michael J. White, *Brown University*; Kofi Awusabo-Asare, *University of Cape Coast*; Stephen McGarvey, *Brown University*
 - 42 **The 1984 Kilimanjaro Programme of Action on ?Population: the birth of a mountain** • Ahmed Bahri, *Independent Consultant*; Wilma Goppel

Tuesday December 11 / Mardi 11 Décembre, 14:15 - 16:15

Mbayuwayu -

25 POPULATION GROWTH AND POVERTY LINKAGES IN AFRICA / CROISSANCE DE LA POPULATION EN AFRIQUE ET SES LIENS AVEC LA PAUVRETÉ

Chair / Président(e): **Cheikh Mbacke**, *Independent Consultant*

Discussant / Discutant: **Tamara C. Fox**, *The William and Flora Hewlett Foundation*

- 1 **The lagging demographic and health transitions in rural Ethiopia, 1990-2005: Analysis of productive assets, sociocultural, agro-ecological and health service coverage factors effecting trends in fertility, mortality and nutrition / Le retard dans les transitions démographiques et de santé en milieu rural éthiopien, 1990-2005** • Charles H Teller, *Population Reference Bureau*; Tesfayi Gebreselassie, *Macro International Inc.*; Assefa Hailemariam, *Addis Ababa University*
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- 2 **The effect of interventions to reduce fertility on economic growth** / Les effets des interventions pour réduire la fécondité sur la croissance économique • **Quamrul Ashraf**, *Brown University*; **Ashley Lester**, *Brown University*; **David N Weil**, *Brown University*
 - 3 **The role of demographic effects in changes in poverty in the province of KwaZulu-Natal, South Africa, 1993 to 2004** / Le rôle des effets démographiques sur le changement de la pauvreté dans la Province de Kwazulu-Natal, Afrique du Sud, 1993-2004 • **Ingrid Woolard**, *University of Cape Town*; **Murray Leibbrandt**, *University of Cape Town*; **David Lam**, *University of Michigan*
 - 4 **Achieving the millennium development goals: The contribution of fulfilling unmet need for family planning** / Atteindre les objectifs du millénaire pour le développement: pallier au besoin de planning familial • **Scott Moreland**, *Constella Futures*

Tuesday December 11 / Mardi 11 Décembre, 14:15 - 16:15

Tausi -

26 MEASURING BEHAVIOUR CHANGE RELATED TO HIV INFECTION / MESURER LE CHANGEMENT DE COMPORTEMENT RELATIF À L'INFECTION DU HIV

Chair / Président(e): **Serai D. Rakgoasi**, *University of the Witwatersrand*

Discussant / Discutant: **Ezekiel Kalipeni**, *University of Illinois at Urbana-Champaign*

- 1 **Using the new relationship history calendar method to improve sexual behavior data** / Utiliser la nouvelle méthode du calendrier historique des relations pour améliorer les données sur le comportement sexuel • **Nancy Luke**, *Brown University*; **Shelley Clark**, *McGill University*; **Eliya M Zulu**, *African Population and Health Research Center (APHRC)*
- 2 **Does HIV testing improve attitudes towards people living with and affected by HIV/AIDS? A comparison of attitudes towards people living with HIV/AIDS (PLWHA) among Individuals who know their HIV/AIDS status and those who do not** / Le test du VIH améliore-t-il les attitudes envers les personnes vivant avec et affectées par le VIH/SIDA? Comparaison des attitudes des individus connaissant leur statut de VIH/SIDA avec celles de ceux qui ne le connaissent pas • **Serai D. Rakgoasi**, *University of the Witwatersrand*
- 3 **Saving for the Future? HIV Testing and Economic Behavior** / Les effets économiques de la prise de connaissance des résultats du VIH • **Rebecca L Thornton**, *University of Michigan*
- 4 **Trends in extra-partner sexual relationship and condom use in sub-Saharan Africa** / Les tendances des relations sexuelles extra-partenaires et l'utilisation des condoms en Afrique subsaharienne • **Agbessi Amouzou**, *Elizabeth Glaser Pediatric AIDS Foundation*; **Stan Becker**, *Johns Hopkins University*

Tuesday December 11 / Mardi 11 Décembre, 14:15 - 16:15

Themi -

27 CHANGES IN AGE STRUCTURE AND THEIR IMPLICATIONS FOR WELLBEING / LES CHANGEMENTS DANS LA STRUCTURE D'ÂGE ET LEURS CONSÉQUENCES POUR LE BIEN-ÊTRE

Chair / Président(e): **Samuel J. Clark**, *University of Washington*

Discussant / Discutant: **Ayaga A. Bawah**, *INDEPTH Network*

- 1 **Increasing ageing population and challenges for the welfare of the aged: Case of Ghana** / Croissance de la population âgée et les défis pour le bien-être des personnes âgées: le cas
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- du Ghana • **Kofi Awusabo-Asare**, *University of Cape Coast*; **Eugene Darteh**, *African Population and Health Research Center (APHRC)*
- 2 Who will benefit from the “Demographic Window” of the Maghreb countries? / **A qui profitera la fenêtre démographique des pays du Maghreb?** • **Kamel Kateb**, *Institut National d'Études Démographiques (INED)*
 - 3 **The shape of things to come: Why age structure matters to a safer, more equitable world / La forme des choses à venir: pourquoi la structure d'âge a de l'importance pour un monde sans risque et équitable?** • **Elizabeth Leahy**, *Population Action International*
 - 4 **Does HIV/AIDS retard the pace of age structural transition in sub-Saharan Africa: The case of Botswana.** / Le VIH/SIDA retarde-t-il l'allure de la transition de la structure par âge en Afrique sub-saharienne: le cas du Botswana • **P. Sadasivan Nair**, *University of Botswana*

Tuesday December 11 / Mardi 11 Décembre, 14:15 - 16:15

Twiga -

28 METHODOLOGICAL ISSUES IN ESTIMATING MATERNAL MORTALITY / QUESTIONS MÉTHODOLOGIQUES DANS L'ESTIMATION DE LA MORTALITÉ MATERNELLE

Chair / Président(e): **Zoe Matthews**, *University of Southampton*

Discussant / Discutant: **Mohamed M. Ali**, *Measurements and Health Information Systems*

- 1 **Does sampling at service sites (markets) produce valid estimates of maternal mortality? Examining selection bias in a new approach to sampling using the sisterhood method / L'échantillonnage du lieu de service (marchés) produit-il une évaluation déformée de la mortalité maternelle? Examiner la sélection biaisée par une nouvelle approche de prélèvement d'échantillons en utilisant la méthode de “sisterhood”.** • **Jacqueline S Bell**, *University of Aberdeen*; **Ouedraogo Mectar**, *IMPACT Project (Centre Muraz)*; **Ann E Fitzmaurice**, *University of Aberdeen*; **Nicolas Meda**, *Centre Muraz*; **Wendy J. Graham**, *University of Aberdeen*
- 2 **Measuring maternal mortality through the population census: examples from Africa / Mesurer la mortalité maternelle par le recensement de la population: l'exemple de l'Afrique** • **Kenneth Hill**, *Harvard University*; **Cynthia Stanton**, *Johns Hopkins University*; **Carla AbouZahr**, *Health Metrics Network*
- 3 **The limitations of retrospective data collection on maternal mortality: The case of the DHS in Cameroon / Les limites de l'approche rétrospective dans la collecte des données sur la mortalité maternelle : Le cas des EDS du Cameroun** • **Samuel Kelodjoue**, *Université de Dschang*
- 4 **Using census microdata to estimate maternal mortality: South Africa 2001 / Utiliser les données du recensement pour évaluer la mortalité maternelle: Afrique du Sud 2001** • **Robert McCaa**, *University of Minnesota*; **Michel Garenne**, *Institut Pasteur*; **Kouroum Nacro**, *United Nations Population Fund (UNFPA)*

Tuesday December 11 / Mardi 11 Décembre, 14:15 - 16:15

Manyara -

29 CHANGING HOUSEHOLD STRUCTURES AND SOCIOECONOMIC ROLES / LES STRUCTURES MÉNAGÈRES ET LES TÂCHES SOCIO-ÉCONOMIQUES EN MUTATION

Chair / Président(e): **Parfait Eloundou-Enyegue**, *Cornell University*

Discussant / Discutant: **Laurent Napoléon Assogba**, *United Nations Population Fund (UNFPA)*

- 1 Crises of solidarity or solidarity in crises? Notes from analysis of the evolution of household structures between 1993 and 2003 in Ouagadougou (Burkina Faso) / **Crises des solidarités ou solidarités dans la crise ? Une lecture à partir de l'analyse de l'évolution de la structure des ménages entre 1993 et 2003 à Ouagadougou (Burkina Faso)** • **Banza Baya**, *Université de Ouagadougou*; **Danièle Laliberté**, *Université de Montréal*
- 2 **Changing patterns in age at marriage and child birth in Rwanda** / Changement de la structure d'âge au mariage et la naissance au Rwanda • **Anuja Jayaraman**, *Macro International Inc.*; **S. Chandrasekhar**, *Population Council & Indira Gandhi Institute of Development Research*
- 3 **The impact of urbanization on the traditional family systems in Africa** / L'impact de l'urbanisation sur les systèmes traditionnels en Afrique • **Dionisia Maffioli**, *Università degli Studi di Bari*; **Giuseppe Gabrielli**, *University of Bari*; **Piero Sacco**
- 4 **Gendering Knowledge: Gender debates in a land resettlement context - the case of Mupfurudzi (Zimbabwe)** / Approche Genre du Savoir: Dibat Sur le quere dans les sites de recasement – le cas de Mupfurudzi • **Netsayi Noris Mudege**, *African Population & health Research Center nmudege@aphrc.org*

Tuesday December 11 / Mardi 11 Décembre, 14:15 - 16:15

Kagera -

30 GENDER-BASED VIOLENCE: PREVALENCE AND CONSEQUENCES 2 / LA PRÉVALENCE ET LES CONSÉQUENCES DE LA VIOLENCE BASÉE SUR LE GENRE 2

Chair / Président(e): **Latifat Ibisomi**, *University of the Witwatersrand*

Discussant / Discutant: **Amos Oyedokun**, *University of the Witwatersrand*

- 1 Socio-economic determinants of gender based violence in Côte d'Ivoire / **Déterminants socio-économiques des violences basées sur le genre en Côte d'Ivoire** • **Anoh Amoakon**, *Université de Cocody*; **Odette Amoin Sika**; **Yvonne K. Bosso**
 - 2 **Gender based violence in Akungba-Akoko of South Western Nigeria: Are men victimized?** / Violence basée sur le genre à Akungba-Akoko au Sud Ouest du Nigéria: Les hommes sont-ils victimisés? • **Emmanuel A Fayankinnu**, *Adekunle Ajasin University*
 - 3 The problem of the implication of soldiers in violent sexual acts in D.R.Congo / **Problématique de l'implication des militaires dans les actes de violences sexuelles en R.D. Congo** • **Théodore-Macaire Kaminar Nsiy Kawu**, *University of Kinshasa*
 - 4 **Female genital mutilation practice in Nigeria: Patterns, prevalence and remedies** / La pratique de la mutilation génitale féminine au Nigéria: modèles, prévalence et remèdes • **Chinyere C. P. Nnorom**, *University of Lagos*
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Tuesday December 11 / Mardi 11 Décembre, 16:30 - 18:30

Simba -

31 UAPS PLENARY SESSION: CONSTITUTION AND NEW STRATEGIC PLAN / SÉANCE PLÉNIÈRE DE L'UEPA: CONSTITUTION ET NOUVEAU PLAN STRATÉGIQUE

Chair / Président(e): **Koffi N'Guessan**, *President of UAPS/Président de l'UEPA*

UAPS MEMBERS GENERAL MEETING I

TUESDAY DECEMBER 11, 2007

4:30PM – 6:30PM

KEY ISSUES

2008-2012 STRATEGIC PLAN

CONSTITUTION

VENUE: SIMBA HALL

Wednesday December 12 / Mercredi 12 Décembre, 08:30 - 10:30

Mbayuwayu -

32 DEMOGRAPHIC DETERMINANTS AND CONSEQUENCES OF HIV AND AIDS / LES DÉTERMINANTS DÉMOGRAPHIQUES ET LES CONSÉQUENCES DU VIH ET DU SIDA

Chair / Président(e): **Nyovani Madise**, *University of Southampton*

Discussant / Discutant: **Samuel J. Clark**, *University of Washington*

- 1 Implications of men's labor migration for women's HIV/AIDS risks in rural Mozambique / Les implications de la migration de la main d'œuvre masculine sur les risques du VIH/SIDA chez les femmes en milieu rural au Mozambique • Victor Agadjanian, Arizona State University; Carlos Arnaldo, Universidade Eduardo Mondlane; Boaventura Cau, Arizona State University**
- 2 Socioeconomic status and HIV infection among women in Kenya / La situation socio-économique et l'infection du VIH chez les femmes au Kenya • Eunice Muthengi, University of California, Los Angeles**
- 3 Survival Analysis of AIDS in-patients at Joint Clinical Research Centre, Uganda / L'analyse de survie des malades du SIDA au Joint Clinical Research Centre de l'Ouganda • Jonathan Odwee, Makerere University; Thomas Otim**
- 4 HIV status and fertility intention: what does knowledge have to do with it? / La situation du VIH et l'intention de la fécondité: qu'est-ce que la connaissance a à avoir avec cela? • Sara Yeatman, University of Texas at Austin**

Wednesday December 12 / Mercredi 12 Décembre, 08:30 - 10:30

Tausi -

33 WHAT ARE THE SOCIAL AND ECONOMIC RETURNS OF SCHOOLING IN CONTEMPORARY AFRICA? / QUELS SONT LES GAINS SOCIAUX ET ÉCONOMIQUES DE LA SCOLARITÉ CONTEMPORAINE EN AFRIQUE?

Chair / Président(e): **Évina Akam**, *Institut De Formation Et De Recherche Demographiques (IFORD)*

Discussant / Discutant: **Wolfgang Lutz**, *International Institute for Applied Systems Analysis (IIASA)*

- 1 **Schooling as a lottery: Racial differences in school advancement in urban South Africa** / L'éducation en tant que loterie: les différences raciales dans l'avancement au niveau de l'éducation en milieu urbain Sud Africain • **Cally Ardington**, *University of Cape Town*; **David Lam**, *University of Michigan*; **Murray Leibbrandt**, *University of Cape Town*
- 2 **Economic return of education in a multicultural setting: African female migrants from a comparative perspective** / L'apport économique de l'éducation dans une structure multi culturelle: une perception comparative des femmes Africaines migrantes • **Yaghoob Foroutan**, *The University of Mazandaran and The Australian National University*
- 3 **Future returns to education in Ethiopia, Kenya, and Nigeria** / Les apports futurs de l'éducation en Ethiopie, au Kenya et au Nigéria • **Anne Goujon**, *Vienna Institute of Demography and International Institute for Applied Systems Analysis (IIASA)*; **Samir K.C.**, *International Institute for Applied Systems Analysis (IIASA)*
- 4 **The relationship between level of schooling, main economic activity and household assets** / La relation entre le niveau d'étude, l'activité économique principale et les biens des ménages • **Rosalia S. Katapa**, *Mkwawa University College of Education*

Wednesday December 12 / Mercredi 12 Décembre, 08:30 - 10:30

Themi -

34 INTERNATIONAL MIGRATION IN AFRICA / MIGRATION INTERNATIONALE EN AFRIQUE

Chair / Président(e): **Alfred Otieni Agwanda**, *University of Nairobi*

Discussant / Discutant: **Eric Bologo**, *Université Catholique de Louvain*

- 1 **African foreign student mobility, brain drain, and development** / La mobilité de l'étudiant étranger Africain, la fuite de cerveau et le développement • **Mary M Kritz**, *Cornell University*; **Parfait Eloundou-Enyegue**, *Cornell University*; **Sara Rzaeva**, *Cornell University*
 - 2 **Africa brain drain: scope and determinants** / La fuite de cerveau de l'Afrique: envergure et déterminants • **Abdeslam Marfouk**, *University of Brussels (ULB)*
 - 3 **Who brings in more skills?: The human capital characteristics of returning migrants and immigrants in Eastern and Southern Africa** / Qui fait rentrer plus de compétences?: les caractéristiques du capital humain pour les migrants et les immigrants de retour de l'Afrique de l'est et australe • **Kevin J A Thomas**, *Pennsylvania State University*
 - 4 **International emigration and poverty in Burkina Faso: Who remains, who goes and who returns? / Emigration internationale et pauvreté au Burkina Faso : Qui reste, qui part et qui retourne ?** • **Younoussi Zourkaleini**, *Université de Ouagadougou*
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Wednesday December 12 / Mercredi 12 Décembre, 08:30 - 10:30

Twiga -

35 FAMILY AND CHILD HEALTH / SANTÉ DES ENFANTS ET DE LA FAMILLE

Chair / Président(e): **Evasius K Bauni**, *Kenya Medical Research Institute (KEMRI)*

Discussant / Discutant: **Martin E. Palamuleni**, *North-West University, South Africa*

- 1 **Consanguinity and its effects on infant and child mortality and fertility in Egypt** / La consanguinité et ses effets sur la mortalité infantile et la fécondité en Egypte • **Rita G. Khayat**, *University of Notre Dame*; **Prem C. Saxena**, *Tata Institute of Social Sciences (TISS), Mumbai, INDIA*
- 2 **Intra-household bargaining and investment in child health** / Négociation et investissement en santé de l'enfant dans les ménages. • **Meherun Ahmed**, *Carleton College*
- 3 **The role of family support groups in improving male involvement in PMTCT programs** / Le rôle des groupes de soutien de la famille dans l'amélioration du rôle de l'homme dans les programmes de "PMTCT" • **Beatrice Muwa**, *Uganda Programme for Human and Holistic Development (UPHOLD)*; **Alex Mugume**, *Uganda Programme for Human and Holistic Development (UPHOLD)*; **Lydia Buzaalirwa**, *Uganda Programme for Human and Holistic Development (UPHOLD)*; **Xavier Nsabagasani**, *Uganda Programme for Human and Holistic Development (UPHOLD)*; **Peter Kintu**, *Uganda Programme for Human and Holistic Development (UPHOLD)*
- 4 **Nutritional status of children and the family** / La situation nutritionnelle des enfants et la famille • **Dionisia Maffioli**, *Università degli Studi di Bari*

Wednesday December 12 / Mercredi 12 Décembre, 08:30 - 10:30

Manyara -

36 SIDE MEETING: REALISING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN POOR AND VULNERABLE POPULATIONS / SÉANCE SPÉCIALE: RECONNAÎTRE SES DROITS

Chair / Président(e): **Hilary Standing**, *Institute of Development Studies, UK*

- 1 **Poverty and sexual risk taking** • **Eliya Zulu**, *African Population and Health Research Center*
- 2 **Dual protection from condoms: new evidence and implications** • **John Cleland**, *London School of Hygiene and Tropical Medicine*
- 3 **Contraceptive use dynamics in Africa: preliminary evidence from DHS data** • **Ayaga A. Bawah**, *INDEPTH Network*
- 4 **Male sexual health problems and access to providers in rural Bangladesh** • **Sabina Faiz Rashid**, *BRAC University*

Dissemination and consultation workshop

WEDNESDAY DECEMBER 12, 2007

08:30AM – 10.30AM

VENUE: MANYARA ROOM

Realising Sexual and Reproductive Health Rights in Poor and Vulnerable Populations

Join us for a presentation of the latest findings from the Realising Rights research consortium and a discussion on the consortium's future agenda

Chair/Convener: Hilary Standing, Institute of Development Studies

SPEAKERS

Eliya Zulu, African Population and Health Research Center

John Cleland, London School of Hygiene and Tropical Medicine

Ayaga A. Bawah, INDEPTH Network

Sabina Faiz Rashid, BRAC University

Wednesday December 12 / Mercredi 12 Décembre, 08:30 - 10:30

Kagera -

37 GENDER, SEXUALITY, AND VUNERABILITY; EXPLORING INTERSECTIONS IN HUMAN POPULATIONS / GENRE, SEXUALITÉ ET VUNERABILITÉ : EXPLORATION DES INTERSECTIONS DANS LES POPULATIONS HUMAINES

Chair / Président(e): **Gray G. Ejikeme**, *University of Jos, Nigeria*

Discussant / Discutant: **Undie Chi Chi**, *African Population and Health Research Center (APHRC)*

- 1 **Do men and women perceive sexual relationships differently?: Data from matched couples on Likoma island, Malawi** / Les hommes et les femmes perçoivent-ils différemment les relations sexuelles?: Données sur des couples dans l'île de Likoma, Malawi • **Stephane Helleringer**, *University of Pennsylvania*; **Hans-Peter Kohler**, *University of Pennsylvania*; **Shelley Clark**, *McGill University*
 - 2 **Pre-marital sexuality in Maghreb: consequences and risks of inequalities / La sexualité pré-nuptiale au Maghreb: Risques et conséquences des inégalités** • **Anne Le Bris**, *Institut National d'Etudes Démographiques (INED) and Institut Maghreb-Europe (Paris VIII)*
 - 3 **HIV/AIDS in Tanzania: Gender-based structural interventions** / Le VIH/SIDA en Tanzanie: Les interventions structurelles basées sur le genre • **Susan Mlangwa**, *University of Minnesota*; **Ann Meier**, *University of Minnesota*
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- 4 Premature female sexuality and prostitution: Thoughts on determinant factors in Congo-Brazzaville / **Sexualité féminine précoce et prostitution : essai de réflexion sur les facteurs déterminants au Congo Brazzaville** • Luc-Serge Poaty-Mokondzhy, *Centre d'études et de recherche sur les analyses et les politiques économiques (CERAPE)*
 - 5 **Sexual risk behaviour: A gender perceptual analysis of HIV/ AIDS prevention strategies among the Nigerian rural youth** / Comportement sexuel à risque: une analyse de la perception selon le genre des stratégies de prévention du VIH/SIDA chez les jeunes Nigériens en milieu rural • **Dixon O Torimiro**, *Obafemi Awolowo University*; **Banji Adisa**; **Okorie Ogbonnaya**, *Obafemi Awolowo University*; **Solomon Famuyiwa**

Wednesday December 12 / Mercredi 12 Décembre, 08:30 - 10:30

Mbuni -

38 SIDE MEETING: WORLD BANK, SOUTH SOUTH PRESENTATIONS / SÉANCE SPÉCIALE : LA BANQUE MONDIALE ET LES PRÉSENTATIONS SUD-SUD

Chair / Président(e): **John May**, *World Bank Group*

Wednesday December 12 / Mercredi 12 Décembre, 10:45 - 12:45

Mbayuwayu -

39 LESSONS FROM INTEGRATION OF REPRODUCTIVE HEALTH, FAMILY PLANNING, AND HIV AND AIDS PROGRAMS / DES LEÇONS TIRÉES DES PROGRAMMES D'INTÉGRATION DE LA SANTÉ DE LA REPRODUCTION, DU PLANNING FAMILIAL ET DU VIH ET DU SIDA

Chair / Président(e): **Solomon Marsden**, *Ministry of Health Kenya*

Discussant / Discutant: **R. William Stones**, *University of Southampton*

- 1 **Mainstreaming HIV and AIDS prevention into family planning programmes at the grassroots: ARFH experience** / Intégrer la prévention de VIH et SIDA dans les programmes de planning familial au niveau de la communauté de base: l'expérience de "ARFH". • **Olayimika K Adebola**, *Association for Reproductive and Family Health*; **Grace Sadiq**; **Grace Delano**, *Association for Reproductive and Family Health*; **Oladapo Ladipo**
- 2 National Programme of Reproductive Health and Family Planning in Côte d'Ivoire: What is the future in a post-crisis context? / **Le Programme National de Santé de la Reproduction et de Planification Familiale en Côte d'Ivoire : quel avenir dans un contexte post-crise ?** • **Mohamed Doumbia**, *Centre Suisse de Recherche Scientifique (CSRS) en Côte d'Ivoire*
- 3 **Integrating family planning into HIV prevention, care and treatment services in Uganda** / Intégrer le planning familial à la prévention du VIH et dans les services de traitement et de soin en Uganda • **Henry Kakande**, *EngenderHealth Uganda*; **Grace Nagendi**, *EngenderHealth Uganda*; **Julie Wiltshire**, *EngenderHealth Uganda*; **Betty Farrell**, *EngenderHealth*; **Laura Subramanian**, *EngenderHealth*; **Jan Kumar**, *EngenderHealth*
- 4 **Reproductive health-output based aid: Lessons from integration of safe motherhood, family planning and gender-based violence recovery programs in Kenya** / L'aide basée sur le rendement en santé de la reproduction: leçons sur l'intégration de la maternité sans risque, du planning familial et des programmes de réhabilitation des violences basées sur le genre • **Solomon Mumah**, *National Coordinating Agency for Population and Development, Kenya*; **Richard Muga**, *National Coordinating Agency for Population and Development, Kenya*; **Francis Kundu**, *National Coordinating Agency for Population and Development, Kenya*

Wednesday December 12 / Mercredi 12 Décembre, 10:45 - 12:45

Tausi -

40 WHAT IS THE IMPACT OF HIGH FERTILITY ON FAMILY WELLBEING? / QUEL EST L'IMPACT DE LA FÉCONDITÉ ÉLEVÉE SUR LE BIEN-ÊTRE DE LA FAMILLE?

Chair / Président(e): **Michel Loriaux**, *Université Catholique de Louvain*

Discussant / Discutant: **Samuel Nouetagni**

- 1 **Family size and quality of life nexus-case of Sunyani municipality, Ghana** / La taille de la famille et qualité de vie: le cas de la Municipalité de Sunyani, Ghana • **Jones Lewis Arthur**, *Sunyani Polytechnic*
- 2 **The number of children and the wellbeing of the Algerian family, what are the stakes?** / Le bien être de famille algérienne et le nombre d'enfants, quels enjeux? • **Fatima Drid**, *Université de Batna*; **Kelthoum Bibimoun**; **Belkacem Ziani**; **Miloud Sefari**
- 3 **Causes of high fertility in Western Uganda** / Les causes de la fécondité élevée en Uganda • **Jennifer A Kasabiiti**, *Makerere University*
- 4 **Old age expectation as a factor influencing high demand for children: Does number of children influence old age support?** / L'expectative de la vieillesse comme facteur influençant la demande élevée des enfants: le nombre d'enfants influence-t-il le soutien à la vieillesse? • **Adekunbi Omideyi**, *Obafemi Awolowo University*

Wednesday December 12 / Mercredi 12 Décembre, 10:45 - 12:45

Themi -

41 MALE SEXUAL AND REPRODUCTIVE HEALTH NEEDS / LES BESOINS SEXUELS ET DE SANTÉ DE LA REPRODUCTION DES HOMMES

Chair / Président(e): **Akinrinola Bankole**, *Guttmacher Institute*

Discussant / Discutant: **Akanni I. Akinyemi**, *Obafemi Awolowo University*

- 1 **Determinants of extramarital sex by men in Tanzania: a case study of Mbeya region** / Les déterminants du sexe hors mariage des hommes en Tanzanie: Une étude de cas de la région du Mbeya • **Maurice C.Y. Mbago**, *University of Dar es Salaam*; **Francis J Sichona**, *University of Dar es Salaam*
 - 2 **Prevalence and factors associated with extramarital sex among Nigerian men** / La prévalence et les facteurs associés au sexe hors mariage chez les hommes au Nigéria • **Kola A. Oyediran**, *MEASURE Evaluation/JSI*; **Uche Isiugo-Abanihe**, *University of Ibadan*; **Bamikale Feyistan**, *U.S. Agency for International Development (USAID)*; **Gbenga Ishola**, *ACCESS Project*
 - 3 **Differentials in man's participation in family planning in Mbeya region, Tanzania** / Les différentiels de la participation de l'homme au planning familial dans la région de Mbeya, Tanzanie • **Francis J Sichona**, *University of Dar es Salaam*; **Maurice C.Y. Mbago**, *University of Dar es Salaam*
 - 4 **Condom use for preventing STI/HIV and unintended pregnancy among young men in sub-Saharan Africa** / Utilisation du préservatif pour la prévention des MST/VIH et des grossesses non souhaitées chez les jeunes hommes en Afrique sub-saharienne • **Susheela D. Singh**, *Guttmacher Institute*; **Akinrinola Bankole**, *Guttmacher Institute*; **Rubina Hussain**, *Guttmacher Institute*; **Gabrielle Ostreicher**, *Guttmacher Institute*
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Wednesday December 12 / Mercredi 12 Décembre, 10:45 - 12:45

Twiga -

42 EFFECTS OF HIV/AIDS ON CHILDREN / LES EFFETS DU HIV/SIDA SUR LES ENFANTS

Chair / Président(e): **James Ntozi**, *Makerere University*

Discussant / Discutant: **Natal Ayiga**, *Makerere University*

- 1 **Orphanhood, vulnerability and primary school attendance: evidence from a school-based survey in two regions of Tanzania** / La situation d'orphelin, vulnérabilité et la fréquentation de l'école primaire: résultats d'enquêtes scolaires dans deux régions de Tanzanie • **William Gould**, *University of Liverpool*; **Ulli Huber**, *King's College London*
- 2 **Coping strategies of orphans in Uganda, case study in Entebbe municipality** / Les stratégies de survie des orphelins en Ouganda: étude de cas de la municipalité d'Entebbe • **Nandago Lynn**; **Ruth Magola**, *Ministry of Health, Uganda*; **Musede Faith**
- 3 **Effects of HIV/AIDS on children in Swaziland: is the extended family coping?** / Les effets du VIH/SIDA sur les enfants au Swaziland: la famille étendue maîtrise-t-elle la situation? • **James Ntozi**, *Makerere University*; **Thandi Khumalo**, *University of Swaziland*
- 4 **Does AIDS related death affect schooling outcomes? Evidence from Nairobi Slums** / Est-ce que la mort liée au SIDA affecte les résultats de la scolarité? : Preuve des bidonvilles de Nairobi • **Moses Ngware**, **Kanyiva Muindi**, and **Eliya Zulu**, *African Population and Health Research Center*, mngware@aphrc.org

Wednesday December 12 / Mercredi 12 Décembre, 10:45 - 12:45

Manyara -

43 GENDER BASED VIOLENCE: PREVALENCE AND CONSEQUENCES / LA PRÉVALENCE ET LES CONSÉQUENCES DE LA VIOLENCE BASÉE SUR LE GENRE

Chair / Président(e): **Clifford O Odimegwu**, *University of the Witwatersrand*

Discussant / Discutant: **Nompumelelo Nzimande**, *University of KwaZulu-Natal*

- 1 **Domestic violence against women in Nigeria: an investigation in Delta and Edo states** / Violence domestique contre les femmes au Nigéria: une enquête dans les Etats d'Edo et de Delta • **Adeyinka A Aderinto**, *University of Ibadan*; **Ethelbert Nwokocha**, *University of Ibadan*
- 2 **Some thoughts on violence and discrimination against females in Ghana** / Quelques réflexions sur la violence et la discrimination contre les femmes au Ghana • **Chuks J Mba**, *University of Ghana*
- 3 **Unwanted sexual experiences among adolescent males in sub-Saharan Africa: prevalence and context** / Les expériences sexuelles non voulues parmi les adolescents mâles en Afrique sub-saharienne • **Ann M Moore**, *Guttmacher Institute*; **Nyovani Madise**, *University of Southampton*
- 4 **Gender inequality, domestic violence and male partner characteristics as risk factors for HIV infection among women in Zimbabwe** / Inégalité du genre, violence domestique et les caractéristiques du partenaire homme comme facteurs de risque à l'infection du VIH chez les femmes au Zimbabwe • **William Sambisa**, *University of North Carolina at Chapel Hill*; **Sian Curtis**, *University of North Carolina at Chapel Hill*

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- 5 **Female genital cutting in contemporary Eritrea: Consequences, future prospects and strategies for eradication** / Mutilation génitale féminine dans l'Erythrée contemporaine: les conséquences, perspectives d'avenir et les stratégies pour l'éradication • **Gebremariam Woldemicael**, *University of Asmara*

Wednesday December 12 / Mercredi 12 Décembre, 10:45 - 12:45

Kagera -

44 HOUSEHOLDS' AND COMMUNITIES' COPING MECHANISMS TO MULTIPLE SHOCKS / LES MÉCANISMES D'ADAPTATION DES MÉNAGES ET DES COMMUNAUTÉS FACE AUX CHOCs MULTIPLES

Chair / Président(e): **Kokou Vignikin**, *Université de Lomé*

Discussant / Discutant: **Thérèse Locoh**, *Institut National d'Études Démographiques (INED)*

- 1 **Changes in the traditional family system, poverty and associated parenting challenges on adolescent behavioural outcomes** / Changements dans le système traditionnel de la famille, pauvreté et défis associés à la paternité et les conséquences sur les comportements des adolescents • **Grace A. Adejuwon**, *University of Ibadan*
- 2 **Women's responsibilities and function changes during the conflicts in Congo Brazzaville / Changements des Fonctions et Responsabilités des Femmes Pendant les Conflits au Congo Brazzaville** • **Pierre Chetel Kouanga**, *Union pour l'Étude et la Recherche sur la Population et le Développement (UERPOD)*
- 3 **Orphans and their households in Mali: vulnerable populations and safety nets harshly tested / Les orphelins et leur ménage au Mali : Population vulnérable et filet social durement éprouvé** • **Richard Marcoux**, *Université de Laval*; **Jean-François Kobiané**, *Université de Ouagadougou*; **Mamadou Kani Konaté**, *Centre d'Études et de Recherche sur la Population pour le Développement (CERPOD)*
- 4 **Study of the household adaptation mechanisms in the face of climatic shocks, according to their food sufficiency in a Senegalese rural setting (Niakhar) between 2000-2003 / Mécanismes d'adaptation des ménages face aux chocs climatiques, selon leur niveau de suffisance alimentaire en milieu rural sénégalais (Niakhar) entre 2000-2003** • **Céline Vandermeersch**, *Institut de Recherche pour le Développement (IRD)*; **Audrey Naulin**

Wednesday December 12 / Mercredi 12 Décembre, 10:45 - 12:45

Mbuni -

45 METHODOLOGICAL ISSUES IN MEASURING POVERTY AND HUMAN WELFARE / QUESTIONS MÉTHODOLOGIQUES DANS LA MESURE DE LA PAUVRETÉ ET LE BIEN-ÊTRE HUMAIN

Chair / Président(e): **Jane C. Falkingham**, *University of Southampton*

Discussant / Discutant: **Francis Nii-Amoo Dodoo**, *Pennsylvania State University*

- 1 **The commodity chain of the household: From survey design to policy planning** / La chaîne des biens de première nécessité du ménage : de la programmation des enquêtes à la planification des politiques • **Ernestina E. Coast**, *London School of Economics and Political Science (LSE)*; **Sara Randall**, *University College London*; **Tiziana Leone**, *London School of Economics and Political Science (LSE)*; **Beth Bishop**, *University College London*

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- 2 **Poverty in Ghana is basically a rural phenomenon: Are we underestimating urban poverty?** / La pauvreté au Ghana est un phénomène fondamentalement rural: sous-estimons-nous la pauvreté urbaine? • **George Owusu**, *University of Ghana*; **Paul Yankson**
 - 3 **How can we learn about community socio-economic status and poverty in a developing country urban environment? An example from Johannesburg-Soweto, South Africa** / Comment pouvons-nous étudier la situation socio-économique et la pauvreté dans les communautés des zones urbaines des pays en voie de développement? Un exemple de Johannesburg-Soweto, Afrique du Sud. • **Zoe A. Sheppard**, *Loughborough University*; **Shane Norris**, *University of the Witwatersrand*; **John M Pettifor**, *University of the Witwatersrand and Chris Hani Baragwanath Hospital*; **Noel Cameron**, *Loughborough University*; **Paula Griffiths**, *Loughborough University*
 - 4 **How should we translate survey questionnaires? An analysis of Kenyan DHS data** / Comment devons nous “traduire” les questionnaires des enquêtes: Une analyse des données EDS au Kenya • **Alexander Weinreb**, *Hebrew University, Jerusalem*; **Mariano Sana**, *Louisiana State University*

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Karafuu Lobby -

P-2 POSTER SESSION 2 / SÉANCE POSTERS 2

Chair / Président(e): **Nyovani Madise**, *University of Southampton*

- 1 **Nouvelle approche pour promouvoir la SR/PF en milieu rural** • **Fatima Abadlia**, *Caisse Nationale des Assurances Sociales (CNAS), Algeria*
 - 2 **Obstacles à la libre circulation des personnes et des biens et risques de diffusion du SIDA : L'exemple des routiers du corridor Abidjan-Lagos** • **Alphonse M. Affo**, *Centre de Formation et de Recherche en matière de Population (CEFOP)*
 - 3 **A clash of civilizations or vicissitudes of history? Christian-muslim differentials in contraceptive use in Nigeria and Tanzania** • **Victor Agadjanian**, *Arizona State University*; **Scott T Yabiku**, *Arizona State University*; **Lubayna Fawcett**, *Arizona State University*
 - 4 **Epidemiological transition of infant mortality in Africa** • **Alejandro Aguirre**, *El Colegio de México*
 - 5 **Health transition in Africa** • **Aliyar Ahmadi**, *University of Tehran*
 - 6 **Assessing the impact of introducing the Standard Days Method of family planning in India, Peru and Rwanda** • **Marcos Arevalo**, *Georgetown University*; **Victoria Jennings**, *Georgetown University*; **Priya Jha**, *Georgetown University*; **Rebecka I. Lundgren**, *Georgetown University*; **Marie Mukabatsinda**, *Awareness Project- Rwanda*; **Luisa Sacieta**, *Georgetown University*; **Irit Sinai**, *Georgetown University*; **Trinity Zan**, *Georgetown University*
 - 7 **The impact of integration of family planning information and services into VCT sites in the Amhara region of Ethiopia** • **Mengistu Asnake**, *Pathfinder International*; **Yared Abera**, *Pathfinder International*; **Abadi Dagnew**, *Pathfinder International*
 - 8 **Expanding long term family planning through service based training: The experience of Pathfinder International in Ethiopia** • **Mengistu Asnake**, *Pathfinder International*; **Ambaw Damtew**, *Pathfinder International*
 - 9 **Repositioning family planning through natural methods experiences from Benin and Burkina Faso** • **Bernard K. Balibuno**, *Georgetown University*; **Jérémie Zoungrana**, *JHPIEGO, Burkina Faso*
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- 10 **Plus de soutien ou davantage de rejet des personnes vivant avec le VIH au Burkina Faso de 1993 à 2003 ?** • Banza Baya, *Université de Ouagadougou*; Idrissa Ouili, *Institut Supérieur des Sciences de la Population (ISSP) and Université de Ouagadougou*
 - 11 **Le planning familial dans un contexte de polygamie : Cas du Burkina Faso** • Banza Baya, *Université de Ouagadougou*; Abdoulaye Maïga, *Université de Ouagadougou*
 - 12 **Les transitions épidémiologiques Maghrébines: Quelques traits saillants** • Mohamed Bedrouni, *Université Saad Dahleb Blida*
 - 13 **Ageing and its socio-economic problems in the era of HIV/AIDS in the North West province of South Africa** • Paul W Bigala, *North-West University, South Africa*
 - 14 **Religion et mortalité différentielle par Sida en Afrique : Le cas de l'Afrique musulmane** • Sofiane Bouhdiha, *Université de Tunis*
 - 15 **Youth and reproductive health** • Amir A.B. Bouraoui, *Office National de la Famille et de la Population, Tunis*
 - 16 **The effects of education on cross-national disparities in AIDS death rates** • Rebekah A Burroway, *Duke University*
 - 17 **Applying spatial analysis to socio-environmental interactions: Contamination of community drinking water in coastal Ghana** • Justin Buszin, *Brown University*
 - 18 **Améliorer les comportements sexuels des militaires en Afrique : Résultats de trois enquêtes de surveillance comportementale au Togo** • Virgile Capo-Chichi, *Population Services International (PSI)*; Sethson Kassegne, *Population Services International (PSI)*
 - 20 **Determinants of clients of standard days method of family planning in selected communities of Pathfinder International-Ethiopia operational areas** • Befekadu Demmissie, *Pathfinder International*; Mengistu Asnake, *Pathfinder International*
 - 21 **Le planning familial en Algérie entre la politique de l'état et les stratégies familiales** • Fatima Drid, *Université de Batna*; Belkacem Ziani; Kelthoum Bibimoun; Miloud Sefari
 - 22 **Abortions and fertility in Africa** • Victor Gaigbe-Togbe, *United Nations*; Barry Mirkin, *United Nations*
 - 23 **College students in Nigeria underestimate their risk of contracting HIV/AIDS infection** • Kayode Ijadunola, *Obafemi Awolowo University*; Titilayo Abiona; Yinyinade Ijadunola
 - 24 **Secluded, caged and neglected but at high risk: Inmates HIV/AIDS high-risky behaviour in selected prisons in Nigeria** • Lanre Ikuteyijo, *Obafemi Awolowo University*; Joshua Aransiola, *Obafemi Awolowo University*; Olusina Bamiwuye; Rotimi Adewale, *Obafemi Awolowo University*
 - 25 **Risk of HIV/AIDS among deaf adolescent school children in Uganda: A case study of Kampala School for the Deaf (KSD)** • James Kakooza, *Makerere Institute of Social Research*
 - 26 **COMMUNITY Based Intervention in HIV/AIDS Treatment in the under Five Children in Zambia: A Sociological Investigation** • Frederick Kaona, *Mwengu Social and Health Research Centre*
 - 27 **Social and economic consequences of HIV/AIDS on children: A case study of an urban high density community in Harare** • Joshua Kembo, *Human Sciences Research Council of South Africa*
 - 28 **Risk factors associated with HIV/AIDS infection among itinerant women entrepreneurs in Mbeya Region, Tanzania** • Jeremiah Kirway, *Mzumbe University*
 - 29 **Reproductive health implications of street hawking in Accra** • Stephen O Kwankye, *Regional Institute for Population Studies (RIPS) and University of Ghana*; Philomena E. Nyarko, *University of Ghana*; Cynthia A. Tagoe, *University of Ghana*
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- 30 **Couple's desire for HIV testing and counseling and its association with women's empowerment in Kenya** • Li Liu, *Johns Hopkins University*; Michelle J. Hindin, *Johns Hopkins Bloomberg School of Public Health*; Stan Becker, *Johns Hopkins University*
 - 31 **Using traditional birth attendants to increase access to family planning services in select communities in Northern Nigeria** • Fatima Mammen-Daura, *Pathfinder International*; Sada DanMusa; Murtala Mai, *Pathfinder International*; Lawan Gana, *Pathfinder International*
 - 32 **Correlates of Sexual Behaviour among barmaids in Morogoro Municipal, Tanzania** • Thecla Mendile, *Sokoine University of Agriculture*; Eleuther A.M Mwageni, *Sokoine University of Agriculture*
 - 33 **Effects of HIV/AIDS intervention programmes on the sexual behaviour of youths in Tanzania** • Switbert Mkama, *President's Office*; Eleuther A.M Mwageni, *Sokoine University of Agriculture*
 - 34 **The Takamol integrated reproductive health model: For now and the future** • Rannia Mostafa, *Pathfinder International*; Mohamed Abou Nar, *Pathfinder International*; Mohamed Afifi, *Pathfinder International*; Maged Yousef, *Pathfinder International*; Andy Cole, *Pathfinder International*
 - 35 **Predictors of contraceptive use discontinuation among Malawian women** • Angela Msosa, *National Statistical Office, Malawi*
 - 36 **Risk factors associated with HIV/AIDS transmission in Mbarali District, Mbeya Region** • Eleuther A.M Mwageni, *Sokoine University of Agriculture*; Francis J Sichona, *University of Dar es Salaam*; Sylvester Ndile, *Institute of Rural Development*; Jeremiah Kirway, *Mzumbe University*
 - 37 **NGOs on HIV/AIDS mitigation in Morogoro municipality Tanzania** • Eneedy O Mwanakatwe, *Morogoro Municipal*; David Mhando, *Sokoine University of Agriculture*
 - 38 **HIV-related knowledge and social discrimination in selected local government areas of Lagos state, Nigeria** • Chinwe Nwanna, *University of Lagos*
 - 39 **Met and unmet needs for family planning: The real story for Rwanda and Madagascar** • Florence Nyangara, *Constella Futures/MEASURE Evaluation*; Scott Moreland, *Constella Futures*
 - 40 **Determinants of recovery time of diabetic patients in Uganda** • Jonathan Odwee, *Makerere University*; Olive Buhule, *Makerere University*; Leonard Atuhaire, *Makerere University*
 - 41 **Behaviour change project for HIV/AIDS prevention among out-of-school youths in Cross River State, Nigeria: A multi art approach.** • Edisua Oko-Offoboche, *DreamBoat Theatre for Development Foundation*
 - 42 **Reproductive rights and reproductive health in developing countries: Focus on Africa** • Vijayan Pillai, *University of Texas at Arlington*; Rashmi Gupta, *India association of North Texas*
 - 43 **Family planning and fertility: Estimating program effects using cross-sectional data** • Claus C. Pörtner, *University of Washington*; Kathleen Beegle, *World Bank Group*; Luc Christiaensen, *World Bank Group*
 - 44 **Contraceptive security and an integrated supply chain** • Tim Rosche, *USAID DELIVER Project*; Leslie Patykewich, *USAID DELIVER Project*; Paul Dowling; Suzy Sacher, *USAID DELIVER Project*
 - 45 **Understanding the slow pace of behavioral change in the face of HIV/AIDS in Uganda: Cross-sectional evidence from Kampala city survey** • Gideon Rutaremwa, *Makerere University*
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- 46 **Current trends and future course of transmission dynamics of HIV/AIDS in South India: Projections from Asian epidemic (aem) / goals model** • Dayanand G. Satihal, *Population Research Centre, Institute of Economic Research, Dharwad*; Pradeep Kumar Bhargava, *Population Research Centre, Dharwad, India*
 - 47 **Contraception and unmet needs in Africa** • Nancy Stiegler, *University of the Western Cape*
 - 48 **Les défis de la pandémie du VIH/SIDA dans les entreprises togolaises** • Koffi Blewussi Tekou, *Cabinet d'Expertise en Recherche et Action (CERA). Togo*
 - 49 **Awareness and the use of voluntary counselling and testing services: Panacea to HIV/AIDS pandemic in Nigeria** • ELias O Wahab, *Lagos State University*; Jubril Jawando, *Lagos State University*
 - 50 **ART adherence in resource-poor settings in sub-Saharan Africa: A multi-disciplinary review** • Eliud Wekesa, *African Population and Health Research Center (APHRC)*; Ernestina E. Coast, *London School of Economics and Political Science (LSE)*
 - 51 **Comprehensive care for HIV/AIDS in urban informal settlements: What are the needs and challenges?** • Abdhalah K Ziraba, *African Population and Health Research Center (APHRC)*; John Kebaso, *African Population and Health Research Center (APHRC)*; Chi-Chi Undie, *African Population and Health Research Center (APHRC)*; Nyovani Madise, *University of Southampton*

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Mbayuwayu -

46 REPRODUCTIVE HEALTH RIGHTS AND CHOICES / DROITS À LA SANTÉ DE LA REPRODUCTION ET DROIT DE CHOISIR

Chair / Président(e): **Musimbi Kanyoro**, *World Young Women's Christian Association*

Discussant / Discutant: **Mairo Mandara**, *David and Lucile Packard Foundation*

- 1 **Induced abortion in Algeria / L'avortement provoqué en Algérie** • Ouzriat Boualem, *Association Maghrebine pour l'Etude de la Population AMEP, section Algérie*
 - 2 **Access to safe abortion in Africa and its impact on reproductive health / Accès à l'avortement sans risque en Afrique et son impact sur la santé de la reproduction** • Sahlu Haile, *David and Lucile Packard Foundation*
 - 3 **Why unsafe abortion is a public health challenge in Kenya / Pourquoi l'avortement à risque est un défi de santé publique au Kenya** • Njeri L Ndunyu, *University of KwaZulu-Natal*
 - 4 **Knowledge, attitude, and practice of abortion in Xai-Xai communities, Mozambique / Connaissance, attitude et pratique de l'avortement dans les communautés des Xai-Xai au Mozambique** • Luc VanderVeken, *Pathfinder International*; Julio Pacca, *Pathfinder International*; Ana Jacinto, *Pathfinder International*; Mizanur Rahman, *Pathfinder International*
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Tausi -

47 NATIONAL HIV PREVALENCE ESTIMATES: ADVANTAGES AND LIMITATIONS OF DIFFERENT ESTIMATION METHODS / DÉTERMINANTS DES TAUX DE PRÉVALENCE DIFFÉRENTIELS DU VIH À L'INTÉRIEUR ET À TRAVERS LES PAYS

Chair / Président(e): **Saidi Kapiga**

Discussant / Discutant: **Basia Zaba**, *London School of Hygiene and Tropical Medicine*

- 1 **Is HIV seroprevalence declining among women who access PMTCT services? A multi-country analysis.** / Le séroprévalence en VIH décline-t-elle parmi les femmes qui ont accès aux services de "PMTCT"? • **Agbessi Amouzou**, *Elizabeth Glaser Pediatric AIDS Foundation*; **Charlotte Colvin**, *Elizabeth Glaser Pediatric AIDS Foundation*; **Charles Hoblitzelle**, *Elizabeth Glaser Pediatric AIDS Foundation*; **Christian Pitter**, *Elizabeth Glaser Pediatric AIDS Foundation*; **Allison Spensley**, *Elizabeth Glaser Pediatric AIDS Foundation*; **Catherine Wilfert**, *Elizabeth Glaser Pediatric AIDS Foundation*
- 2 **Understanding the magnitude and spread of HIV/AIDS epidemic in sub-Saharan Africa: evidence from the demographic and health surveys and AIDS indicator surveys** / Comprendre l'importance et l'étendue de l'épidémie du VIH/SIDA en Afrique sub-saharienne: résultats des enquêtes EDS et des indicateurs du SIDA. • **Vinod Mishra**, *Macro International Inc.*; **Anne R Cross**, *Macro International Inc.*; **Bernard Barrere**, *Macro International Inc.*; **Rathavuth Hong**, *Macro International Inc.*; **Martin T Vaessen**, *Macro International Inc.*
- 3 **Bias in HIV prevalence estimates from refusals to be tested in seroprevalence surveys** / Taux de prévalence biaisées en HIV dû au refus de se soumettre au test dans les enquêtes de séroprévalence • **Georges Reniers**, *University of Colorado at Boulder and University of the Witwatersrand*; **Jeff Eaton**, *University of Washington*
- 4 **Factors contributing to differences in prevalence of HIV/AIDS in South Africa and Bangladesh** / Les facteurs contribuant à la différence de prévalence du VIH/SIDA en Afrique du Sud et au Bangladesh • **Jeroen van Ginneken**, *Netherlands Interdisciplinary Demographic Institute (NIDI)*

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Themi -

48 DETERMINANTS OF FERTILITY CHANGE IN AFRICA / DETERMINANTS DU CHANGEMENT DE LA FÉCONDITÉ EN AFRIQUE

Chair / Président(e): **Bamikale Feyistan**, *U.S. Agency for International Development (USAID)*

Discussant / Discutant: **David Shapiro**, *Pennsylvania State University*

- 1 **Fertility transition in Nigeria: Exploring the role of desired number of children** / La transition de la fécondité au Nigeria: explorer le rôle du nombre d'enfants désirés • **Latifat Ibisomi**, *University of the Witwatersrand*; **Clifford O Odimegwu**, *University of the Witwatersrand*
- 2 **Fertility changes, forms of union and cohabitation in two West African cities, Bamako and Lomé** / Changement de fécondité, formes d'union et de cohabitation dans deux villes Ouest Africaines: Bamako et Lomé • **Solene Lardoux**, *Université de Montréal*; **Donatien Beguy**, *Université de Paris X, Nanterre*
- 3 **Analysis of family building patterns in Kenya** / L'analyse des modèles de la composition de la famille au Kenya • **Alfred Otieno**, *Population Studies and Research Institute*

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- 4 **The dynamics of timing and spacing of births in Ethiopia: A focus on urban-rural differences** / La dynamique de la programmation et de l'espacement des naissances en Ethiopie: attention sur les différences urbaines-rurales • **Daniel Sahleyesus**, *University of Toronto*; **Roderic Beaujot**, *University of Western Ontario*

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Twiga -

- 49 **OTHER EMERGING ISSUES IN POPULATION IN EASTERN AFRICA / D'AUTRES QUESTIONS EMERGEANTES DANS LA POPULATION EN AFRIQUE ORIENTALE**

Chair / Président(e): **Susan Gwalema**, *Open University of Tanzania (OUT)*

Discussant / Discutant: **Collman Musoka**, *University of Dar es Salaam*

- 1 **Effects of HIV/AIDS on children's schooling in Uganda** / Les effets du VIH/SIDA sur l'éducation des enfants en Ouganda • **John Bosco Asimwe**, *Makerere University*
- 2 **Impact of rural-urban migration on development in Kigali** / L'impact de la migration rurale-urbaine sur le développement à Kigali • **Gakwandi Canisius**, *Sokoine University of Agriculture*
- 3 **Evidence of recent fertility decline in Eritrea: Is it a conflict-led decline?** / La preuve du déclin actuel de la fécondité en Erythrée: est-ce un déclin entraîné par le conflit? • **Gebremeriam Woldemicael**, *University of Asmara*
- 4 **Schooling outcomes among orphans in Nairobi** / Les résultats scolaires des orphelins à Nairobi • **Rose Towett**, *African Population and Health Research Center (APHRC)*; **Kanyiva Muindi**, *African Population and Health Research Center (APHRC)*

Wednesday December 12 / Mercredi 12 Décembre, 14:15 - 16:15

Manyara -

- 50 **COHABITATION, MARRIAGE AND REMARRIAGE PATTERNS / LES CARACTÉRISTIQUES DE LA COHABITATION, DU MARIAGE ET DU REMARIAGE**

Chair / Président(e): **Elias Ayemba**

Discussant / Discutant: **Charles Ochola**

- 1 **Progressive transformation of traditional marriage patterns in Côte d'Ivoire / Transformation progressive des régimes traditionnels de nuptialité en Côte d'Ivoire** • **Anoh Amoakon**, *Université de Cocody*; **N'gnanda Anne Marie Kouadio**
- 2 **Transformation of marriage patterns. Marriage, Divorce and Remarriage in four African Capitals: Antananarivo, Dakar, Lome and Yaounde / Transformation des modèles matrimoniaux (mariage, divorce et remariage) dans quatre capitales africaines : Antananarivo, Dakar, Lomé et Yaoundé** • **Philippe Antoine**, *Institut de Recherche pour le Développement (IRD)*
- 3 **Marriage rights and privileges: Luo leviratic union revisited** / Les privilèges et les droits sur le mariage: l'union léviratique chez les Luo revisitée • **Ogutu E M Gilbert**, *University of Nairobi*
- 4 **Is polygamy weakening? Diversity and trends in Africa during the past 50 Years** / La polygamie s'affaiblit-elle? Les diversités et les tendances en Afrique au cours des 50 dernières années • **Véronique Hertrich**, *Institut National d'Études Démographiques (INED)*
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Wednesday December 12 / Mercredi 12 Décembre, 14:15 - 16:15

Kagera -

51 COHABITATION, MARRIAGE AND REMARRIAGE PATTERNS / MODÈLES DE COHABITATION, DE MARIAGE ET DE REMARRIAGE

Chair / Président(e): **Kennedy Ondimu**, *Egerton University*

Discussant / Discutant: **Eric Nyambedha**, *Maseno University*

- 1 **Trends in assortative mating, by ethnicity in Ghana** / Tendances de cohabitations sélectionnées, par ethnie au Ghana • **Pearl Kyei**, *University of Pennsylvania*; **Hyunjoon Park**, *University of Pennsylvania*; **Jeroen Smits**, *Radboud Universiteit Nijmegen*
- 2 **Cohabitation, marriage and remarriage patterns** / Modèles de cohabitation; de mariage et de remariage • **Ahmad Maqsood**, *Institute of Hazrat Mohammad (SAW)*; **Rizwana Yusuf**, *Institute of Hazrat Mohammad SAW*
- 3 **Post-marital residence in urban Senegal: Revelations about contemporary marital dynamics and conjugal life** / La résidence post-mariage en milieu urbain sénégalais: les révélations sur les dynamiques matrimoniales contemporaines et la vie conjugale • **Sara Randall**, *University College London*; **Nathalie Mondain**, *Université d'Ottawa*
- 4 **The determinants of consanguineous marriage in Egypt, 1988-2000** / Les déterminants du mariage par consanguinité en Egypte, de 1988 à 2000 • **Alexander Weinreb**, *Hebrew University, Jerusalem*

Wednesday December 12 / Mercredi 12 Décembre, 14:15 - 16:15

Mbuni -

52 SIDE MEETING: EMERGING POPULATION ISSUES AND THEIR IMPACTS ON ECONOMIC DEVELOPMENT: OPPORTUNITIES AND CHALLENGES, AFRICA DEVELOPMENT BANK / SÉANCE SPÉCIALE: AFRICA DEVELOPMENT BANK

Chair / Président(e): **Prosper V. Poukouta**, *African Development Bank*

Roundtable Discussion

WEDNESDAY DECEMBER 12, 2007

14:15PM – 16:15PM

VENUE: MBUNI ROOM

Emerging Population issues and their impacts on Development: opportunities and Challenges

Chair/Convener: Prosper Poukouta, African Development Bank

SPEAKERS

World Bank (Maputo Plan of Action: new framework for reproductive health)

UNFPA (Use of census data for poverty analysis)

Statistics South Africa (Migration and Regional Integration in SADC)

ECA (Demographic window and youth in Africa)

Wednesday December 12 / Mercredi 12 Décembre, 16:30 - 18:30

Mbayuwayu -

53 SIDE MEETING: DISSEMINATION OF GROUNDBREAKING EVIDENCE ON YOUTH AND HIV PREVENTION IN SUB-SAHARAN AFRICA - PROTECTING THE NEXT GENERATION / SÉANCE SPÉCIALE: PROTÉGER LA GÉNÉRATION PROCHAINE

Conveners: *African Population and Health Research Center and Guttmacher Institute*

Dissemination Workshop

WEDNESDAY DECEMBER 12, 2007

4:30PM – 6:30PM

VENUE: MBAYUWAYU ROOM

Groundbreaking evidence on youth and HIV prevention

Conveners:

Guttmacher Institute

African Population and Health Research Center

Join us for a presentation of key findings, policy and program implications from a study conducted in Burkina Faso, Ghana, Malawi and Uganda

We will also launch a special issue of the African Journal of Reproductive Health, which has exclusively published articles based on this study and a comparative monograph on the study at this workshop.

A cocktail reception will be held immediately afterward.

Wednesday December 12 / Mercredi 12 Décembre, 16:30 - 18:30

Tausi -

54 TRENDS AND DETERMINANTS OF CHILD HEALTH AND MORTALITY IN SUB-SAHARAN AFRICA / TENDANCES ET DÉTERMINANTS DE SANTÉ INFANTILE ET DE MORTALITÉ EN AFRIQUE SOUS-SAHARIENNE.

Chair / Président(e): **Margaret W. Ndwigwa**, *Population Association of Kenya*

Discussant / Discutant: **Zoe A. Sheppard**, *Loughborough University*

- 1 Explaining contrasting natural trends and progress in achieving MDG 4 / Expliquer les tendances naturelles et contrastées et le progrès fait pour atteindre les OMD 4 • Olumuyiwa L Abejide**, *Joseph Ayo Babalola University*; **Ayodeji J Kupoluyi**, *Joseph Ayo Babalola University*
 - 2 Spatial analysis of childhood mortality in Mozambique / Analyse spatiale de la mortalité infantile en Mozambique • Martin Bangha**, *University of Pennsylvania*
 - 3 Some socio-economic and demographic determinants of infant and child mortality in Tanzania. A case study of Karagwe District / Déterminants démographiques et socio-économiques dans la mortalité infantile en Tanzanie: le cas du district de Karagwe • Girson L.K. Ntimba**; **Maurice C.Y. Mbago**, *University of Dar es Salaam*
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- 4 **Differential usage of basic and emergency obstetric care services in Tanzania: Facilitating and impeding factors** / L'usage différentiel des services de soins obstétricaux de base et d'urgence en Tanzanie: les facteurs favorables et défavorables • **Papiya Guha Mazumdar**, *International Institute for Population Sciences (IIPS)*; **Sumit Mazumdar**, *International Institute for Population Sciences (IIPS)*

Wednesday December 12 / Mercredi 12 Décembre, 16:30 - 18:30

Themi -

55 FAMILY PLANNING IN KENYA / PLANNING FAMILIAL AU KENYA

Chair / Président(e): **George Kichamu**, *National Coordinating Agency for Population and Development, Kenya*

Discussant / Discutant: **Ian Askew**, *Population Council*

- 1 **Family planning policy in Kenya since the stall in fertility decline: Policy space, budgeting and advocacy initiatives** / La politique du planning familial au Kenya depuis la stabilisation du déclin de la fécondité: espace pour politique, budget et initiatives pour plaidoyer • **Joanna Crichton**, *African Population and Health Research Center (APHRC)*
- 2 **Kenyan midwives revitalize postpartum care** / Les sage femmes du Kenya revitalisant les soins post-natales • **Rosemary Kamunya**, *JHPIEGO*; **Jacinta Njagi**, *JHPIEGO*; **Nancy Koskei**, *JHPIEGO - Kenya Office*; **Elaine Roman**, *JHPIEGO - Kenya Office*; **Holly Blanchard**, *JHPIEGO*; **Angela Nashmercado**, *JHPIEGO*
- 3 **Kenyan midwives provide postpartum IUDs** / Les sage femmes du Kenya prescrivent des DIU post-natales • **Rosemary Kamunya**, *JHPIEGO*; **Dorothy Andere**, *JHPIEGO*; **Nancy Koskei**, *JHPIEGO - Kenya Office*; **Elaine Roman**, *JHPIEGO - Kenya Office*; **Angela Nashmercado**, *JHPIEGO*; **Holly Blanchard**, *JHPIEGO*
- 4 **Patterns, levels and trends in unmet need for contraception: a case study of Kenya** / Modèles, niveaux et tendances des besoins non satisfaits de la contraception: une étude de cas au Kenya • **Sam Wafula**, *University of Nairobi*; **Lawrence Ikamari**, *University of Nairobi*

Wednesday December 12 / Mercredi 12 Décembre, 16:30 - 18:30

Twiga -

56 THE WELLBEING OF OLDER PEOPLE: MEASUREMENT ISSUES / MESURER LE BIEN-ÊTRE DES PERSONNES ÂGÉES

Chair / Président(e): **Jane C. Falkingham**, *University of Southampton*

Discussant / Discutant: **Chuks J Mba**, *University of Ghana*

- 1 **Assessment of the influence of socio-economic status on the quality of life and activities of daily living among the elderly** / Evaluation de l'influence de la situation socio-économique sur la qualité de vie et les activités de la vie quotidienne chez les personnes âgées • **Akanni I. Akinyemi**, *Obafemi Awolowo University*; **Joshua Aransiola**, *Obafemi Awolowo University*; **Olusina Bamiwuye**, *Obafemi Awolowo University*
- 2 **The quality of life of households and therapeutic behaviour among the elderly in Cameroon. / Conditions de vie des ménages et comportements thérapeutiques des personnes âgées au Cameroun** • **Sebastien Mveing**, *Institut National de la Statistique du Cameroun*; **Félicien Fomekong**, *Institut National de la Statistique du Cameroun*

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- 3 **Living arrangements, socio-demographic and health conditions of Ghana's elderly persons: results from 2006 focus group discussions** / Les arrangements de mode de vie, les conditions sociodémographiques et de santé des personnes âgées au Ghana: résultats des "focus group" de discussion de 2006 • **Chuks J Mba**, *University of Ghana*; **Gifty Addico**, *University of Ghana*; **Richard M K Adanu**, *University of Ghana*
 - 4 **The care of the elderly in the measurement of poverty in Senegal / Prise en charge des personnes du 3e âge dans la mesure de la pauvreté au Sénégal** • **Seydou Touré**, *Université Cheikh Anta Diop de Dakar*; **Abdoulaye Tall**, *Ministère du Plan et du Développement Durable*

Wednesday December 12 / Mercredi 12 Décembre, 16:30 - 18:30

Manyara -

57 ADOLESCENT TRANSITIONS TO ADULTHOOD / TRANSITIONS DE L'ADOLESCENCE À L'ÂGE ADULTE

Chair / Président(e): **Ann M Moore**, *Guttmacher Institute*

Discussant / Discutant: **Barthelemy D. Kuate**, *Université de Montréal*

- 1 **Professional activities of the youth: An opportunity of quality training or an obstacle to social mobility in Bamako? / L'activité professionnelle des jeunes: Une opportunité de formation qualifiante ou une entrave à la promotion sociale à Bamako?** • **Abdoul Wahab Dieng**, *Université de Genève*; **Tiéman Coulibaly**, *Institut des Sciences humaines du Mali*
 - 2 **Transitions from school to work in urban South Africa: Evidence from the Cape Area Panel Study** / Les transitions de l'école au travail dans le milieu urbain en Afrique du Sud: Résultats de l'étude des experts dans la région du Cap • **David Lam**, *University of Michigan*; **Murray Leibbrandt**, *University of Cape Town*; **Cecil Mlatsheni**, *University of Cape Town*
 - 3 **The effect of health status and perception of debilitating health conditions during life course on educational aspirations of Ethiopian youth** / Le rôle de la famille, de la communauté et la situation de la santé dans les aspirations à l'éducation des jeunes Ethiopiens • **Optat H Tengia**, *Brown University*; **David P Lindstrom**, *Brown University*; **Dennis Hogan**, *Brown University*; **Craig Hadley**, *Emory University*
 - 4 **Prevalence, risk factors, and impacts of child sexual abuse among adolescents in Burkina Faso, Ghana, Malawi, and Uganda** / Prévalence, facteurs de risque, et les impacts de l'exploitation sexuelle des enfants parmi les adolescents au Burkina Faso, au Ghana, au Malawi et en Ou Uganda • **Caroline W. Kabiru, Ph.D.**, **Joanna Crichton, MPhil** and **Alex C. Ezech, Ph.D.**, *African Population and Health Research Center*; ckabiru@aphrc.org or carolinekabiru@gmail.com
 - 5 **Transition into Adulthood in Lome (Togo)** / Transition vers l'âge adulte A Lomé (Togo) • **Donatien BEGUY**, *African Population and Health Research Center*; Dbeguy@aphrc.org
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Wednesday December 12 / Mercredi 12 Décembre, 16:30 - 18:30

Kagera -

58 HIV AND AIDS AND FAMILIES 2 / VIH, LE SIDA ET LES FAMILLES 2

Chair / Président(e): **Emmanuel Ngwe**, *Institut de Formation et de Recherche Démographiques (IFORD)*

Discussant / Discutant: **Rebecca L Thornton**, *University of Michigan*

- 1 **AIDS and witchcraft: The family as the principal caregiver in South Cameroon / SIDA et sorcellerie : La famille comme élément central dans la définition et la prise en charge de la maladie au sud du Cameroun** • **Marie-José Micheline Essi**, *Université de Yaoundé I*
- 2 **Gender and sexual behaviour among young Congolese in the face of HIV-AIDS / Genre et comportement sexuel des jeunes congolais actuels face au VIH/Sida** • **Gauthier Musenge Mwanza**, *Université de Kinshasa*
- 3 **Socio-economic lives of women who breast-feed artificially in PMTCT (Programme of Mother to Child Transmission) in Senegal / Le vécu socio-économique des femmes qui allaitent artificiellement dans le cadre de la PTME (Programme de transmission mère-enfant) au Sénégal** • **Ndeye Awa Sylla Thioye**, *Université de Paris I, Sorbonne and Université de Versailles*

Wednesday December 12 / Mercredi 12 Décembre, 16:30 - 18:30

Mbuni -

59 THE CHANGING ROLE OF WOMEN IN AFRICAN FAMILIES / LE RÔLE CHANGEANT DES FEMMES DANS LES FAMILLES AFRICAINES

Chair / Président(e): **Madeleine Wayack Pambè**, *Institut Supérieur des Sciences de la Population (ISSP)*

Discussant / Discutant: **Vongai Kandiwa**, *Cornell University*

- 1 **Household structure and childhood mortality in Ghana: Monitoring progress on the Millennium Development Goals / La structure du ménage et la mortalité infantile au Ghana: mesurer le progrès des objectifs du Millénaire pour le développement** • **Winfred A. Avogo**, *Arizona State University*; **Victor Agadjanian**, *Arizona State University*
- 2 **Explanatory factors for the evolution of women's economic contributions in Niger / Facteurs explicatifs de l'évolution de la contribution économique des femmes au Niger** • **Mahamane Ibrahim**, *Université de Montréal*
- 3 **The evolution of gender relations in the Bamileke and Beti societies of Cameroon / Evolution des Rapports de genre dans les sociétés Bamiléké et Bèti du Cameroun** • **Helene Kamdem Kamgno**, *Institut de Formation et de Recherche Démographiques (IFORD)*
- 4 **Changes in Standard of Living Among Population Groups in South Africa: 1998-2006 / Les tendances des ménages Sud Africains de 1995 à 2005** • **Barbara A. Anderson**, *University of Michigan*; **Mosidi Nhlapo**, *Statistics South Africa*
- 5 **Women participation in household spending and their decision taking role in children's education in Burkina Faso / Participation aux dépenses du ménage et rôle décisionnel de la femme dans la scolarisation des enfants au Burkina Faso** • **Madeleine Wayack Pambè**, *Institut Supérieur des Sciences de la Population (ISSP)*

Thursday December 13 / Jeudi 13 Décembre, 08:30 - 10:30

Mbayuwayu -

60 CONTRACEPTION METHOD MIX AND DUAL PROTECTION / MÉTHODES CONTRACEPTIVES MIXTES ET DOUBLE PROTECTION

Chair / Président(e): **John G. Cleland**, *London School of Hygiene and Tropical Medicine*

Discussant / Discutant: **John B. Casterline**, *Ohio State University*

- 1 **Dual protection and condom use in sub-Saharan Africa** / Double protection et utilisation du condom en l'Afrique sub-saharienne • **Bamikale Feyistan**, *U.S. Agency for International Development (USAID)*
- 2 **Contraceptive use among young women in Namibia: Determinants and policy implications** / L'utilisation de la contraception chez les jeunes femmes en Namibie: déterminants et implications politiques • **Nelago Indongo**, *University of Namibia*
- 3 **The Fertility Transition in Kenya: Determinants of Contraceptive Use During the Late 1990s** / La transition de la fécondité au Kenya: déterminants de l'utilisation de la contraception dans les années 1990 • **David Ojaka**, *Université de Montréal*
- 4 **The youth and dual protection in Ouagadougou: What stakes, what logic? Reflections from in-depth interviews** / Les jeunes et la double protection à Ouagadougou: Quels enjeux, quelles logiques? Pistes de réflexion à partir d'entretiens approfondis • **Nathalie Sawadogo**, *Université de Ouagadougou*

Thursday December 13 / Jeudi 13 Décembre, 08:30 - 10:30

Tausi -

61 CONSEQUENCES OF RAPID URBANIZATION / CONSÉQUENCES DE L'URBANISATION RAPIDE

Chair / Président(e): **Guy Stecklov**, *Hebrew University of Jerusalem*

Discussant / Discutant: **Philippe Bocquier**, *Institut de Recherche pour le Développement (IRD)*

- 1 **Urbanization and changing Land access and rights in Ghana's largest metropolis, Accra and Kumasi** / Urbanisation, accès et droits fluctuants à la propriété foncière dans la plus grande métropole du Ghana, Accra et à Kumasi • **George Owusu**, *University of Ghana*
- 2 **End or fragmentation of neighbourhood effects in towns of the South. The example of Ouagadougou through a child mortality survey** / Fin ou atomisation des effets de quartier dans les villes du Sud ? L'exemple de Ouagadougou à travers une étude de la mortalité des enfants • **Bassiahi Abdramane Soura**, *Université Catholique de Louvain*
- 3 **A predictive modeling of urban expansion and implications for sustenance in peri-urban areas of Ogbomosho, Nigeria** / Modèle prédictif de l'expansion urbaine et les implications pour les moyens de subsistance dans les zones périurbaines d'Ogbomosho, Nigeria • **Adeboyejo A. Thompson**, *Ladoke Akintola University of Technology*; **Abolade Olajoke**, *Ladoke Akintola University of Technology*; **Abodunrin Folasade Oyenike**, *Ladoke Akintola University of Technology*; **Jelili M Omoakin**, *Ladoke Akintola University of Technology*
- 4 **Urbanization and the Rural and Urban Provision of Water and Sanitation** / Urbanisation et approvisionnement rural et urbain en eau et assainissement • **Susanna Wolf**, *United Nations Economic Commission for Africa (UNECA)*

Thursday December 13 / Jeudi 13 Décembre, 08:30 - 10:30

Themi -

62 ADOLESCENT TRANSITIONS AND SEXUAL BEHAVIOR / TRANSITIONS DE L'ADOLESCENCE ET COMPORTEMENT SEXUEL

Chair / Président(e): **Kofi Awusabo-Asare**, *University of Cape Coast*

Discussant / Discutant: **Eugene Campbell**, *University of Botswana*

- 1 Marginalization and survival strategies outside the family: The case of adolescents leaving home prematurely in Bamako (Mali) / **Marginalité et stratégies de survie en dehors de la famille. Cas des adolescents en décohabitation précoce à Bamako (Mali).** • **Tiéman Coulibaly**, *Institut des Sciences humaines du Mali*; **Abdoul Wahab Dieng**, *Université de Genève*
- 2 **Racial differences in transitions to adulthood in South Africa** / Les différences raciales dans les transitions à l'âge adulte en Afrique du Sud • **Sangeetha Madhavan**, *University of Maryland*
- 4 Determinants of sexual behaviour vis-à-vis HIV/AIDS among young Beninois / **Déterminants du comportement sexuel vis-à-vis du VIH/SIDA chez les jeunes béninois** • **Elise Chantale Ahoey**, *Université Catholique de Louvain*
- 5 **Community influences on young people's sexual behavior in 3 African countries** / Influences de la communauté sur le comportement sexuel des jeunes gens dans trois pays Africains • **Rob Stephenson**, *Emory University*

Thursday December 13 / Jeudi 13 Décembre, 08:30 - 10:30

Twiga -

63 POPULATIONS IN CONFLICT SITUATIONS / POPULATIONS EN SITUATIONS DE CONFLIT

Chair / Président(e): **John Ouchou**, *Centre for Research in Ethnic Relations (CRER)*

Discussant / Discutant: **Ngianga-Bakwin Kandala**, *University of Warwick*

- 1 **Population in conflict situations** / La population dans les situations de conflit • **Mwadi Kady Aimée**, *Society of Women and AIDS in Africa*
- 2 **Urban-ethno communal conflict in Africa: Nigeria** / Conflit interethnique dans les communes urbaines d'Afrique: Nigeria • **Abidemi R Asiyambola**, *Olabisi Onabanjo University*
- 3 Quality of life of persons internally displaced by war and the host families in Côte d'Ivoire / **Conditions de vies des personnes déplacées interne du fait de la guerre et des familles d'accueil en Côte d'Ivoire** • **Anne Marie Rachelle Djangone-Mian**, *United Nations Population Fund (UNFPA)*; **Lazare Sika**, *Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA)*
- 4 **The need for comprehensive response to HIV/AIDS epidemic in conflict- affected populations: Evidence from a sero-prevalence survey in Somaliland** / La nécessité d'une intervention compréhensive à l'épidémie du VIH/SIDA des populations affectées par le conflit: le bilan d'une enquête séro-prévalence en Somalie • **Elgizoli Ismail**, *World Health Organization (WHO)*; **Ekanem E Ekanem**, *University of Lagos*; **Said Deq**; **Peter Arube**, *World Health Organization (WHO)*; **Michael Gboun**, *UNAIDS*

Thursday December 13 / Jeudi 13 Décembre, 08:30 - 10:30

Manyara -

64 MEASURING THE BURDEN OF DISEASE / MESURER LE FARDEAU DE LA MALADIE

Chair / Président(e): **Agnes M Chimbiri**, *United Nations Development Programme (UNDP)*

Discussant / Discutant: **Honorati Masanja**, *Ifakara Health Research and Development Center*

- 1 **When does improving health raise GDP?** / Quand l'amélioration de la santé augmente-t-elle le PIB ? • **Quamrul Ashraf**, *Brown University*; **Ashley Lester**, *Brown University*; **David N Weil**, *Brown University*
- 2 **Epidemiological transition, tertiary health policy and the burden of noncommunicable diseases of children in Ghana: Lessons from a study in a Ghanaian Tertiary Hospital.** / Transition épidémiologique, politique de santé tertiaire et fardeau des maladies non transmissibles chez les enfants au Ghana: leçons tirées d'une étude dans un hôpital tertiaire ghanéen. • **Delali M Badasu**, *University of Ghana*
- 3 **Patterns and the changing role of the global burden of disease categories in South Africa** / Structure et changement des rôles des catégories mondiales de maladie en Afrique du Sud • **Heston Phillips**, *Statistics South Africa*; **Barbara A. Anderson**, *University of Michigan*
- 4 **New epidemiological data and the demographic structure in Tunisia: challenges for health / Les nouvelles données épidémiologiques et la structure démographique en Tunisie : Des défis pour la santé** • **Chiheb Salhi**, *Hopital Régional de Bizerte*

Thursday December 13 / Jeudi 13 Décembre, 08:30 - 10:30

Kagera -

65 GENDER INEQUITIES AND INEQUALITIES / DIFFÉRENCES ET INÉGALITÉS LIÉES AU GENRE

Chair / Président(e): **Prosper V. Poukouta**, *African Development Bank*

Discussant / Discutant: **Nancy Luke**, *Brown University*

- 1 **The silent crime; a sociological appraisal of gender-based violence experienced by women in Yoruba culture of Nigeria** / Le crime silencieux, évaluation sociologique de la violence basée sur le genre subie par les femmes dans la culture Yoruba du Nigéria • **Yetunde A Aluko**, *Olabisi Onabanjo University*; **Olusola Aluko-Arowolo**
- 2 **Empowerment of women and links to child's health in Egypt** / Habilitation des femmes et les liens à la santé des enfants en Egypte • **Ghada Ibrahim**, *Population Council*; **Marwan Khawaga**, *American University of Beirut*
- 3 **Examining children's living conditions by gender of household head: The case of Malawi** / Examiner les conditions de vie des enfants selon le genre du chef du ménage: le cas du Malawi • **Andrew A Jamali**, *University of Kwazulu-Natal*; **Esther W Dungumaro**, *University of Natal at Durban*; **Pelesana Moerane**, *University of Kwazulu-Natal*
- 4 **Gender, household headship and children's educational performance in Nigeria: Implications for development** / Le genre, la chefferie du ménage et le rendement scolaire des enfants au Nigéria: les implications pour le développement • **Olufunlayo O. Bammeke**, *Department of Sociology, University of Lagos*

Thursday December 13 / Jeudi 13 Décembre, 08:30 - 10:30

Mbuni -

66 SIDE MEETING: SHARING EXPERIENCES OF THE 4TH AFRICAN POPULATION CONFERENCE / SÉANCE SPECIALE: PARTAGER LES EXPÉRIENCES DE LA 4ÈME CONFÉRENCE AFRICAINE SUR LA POPULATION

Chair / Président(e): **Ben Massaoud**, *ONFP Tunisia*

Thursday December 13 / Jeudi 13 Décembre, 10:45 - 12:45

Simba -

67 SIDE MEETING: UNFPA / SÉANCE SPÉCIALE DU FNUAP

Chair / Président(e): **Samson Lamlenn**, *United Nations Population Fund (UNFPA)*

Thursday December 13 / Jeudi 13 Décembre, 10:45 - 12:45

Tausi -

68 UNDERSTANDING HEALTH AND POPULATION DYNAMICS THROUGH LONGITUDINAL DEMOGRAPHIC SURVEILLANCE SYSTEMS / COMPRENDRE LA SANTÉ ET LA DYNAMIQUE DE LA POPULATION À TRAVERS LES SYSTÈMES DE SURVEILLANCE DÉMOGRAPHIQUE LONGITUDINALE

Chair / Président(e): **Ayaga A. Bawah**, *INDEPTH Network*

Discussant / Discutant: **Tukufu Zuberi**, *University of Pennsylvania*

- 1 **Determination of the causes of death by verbal autopsy in rural Senegal: A study of malaria mortality** / La détermination des causes de décès par autopsie verbale en zone rurale sénégalaise : étude de la mortalité palustre • **Géraldine Duthé**, *Institut National d'Études Démographiques (INED)*; **Serge Faye**, *Institut National d'Études Démographiques (INED)*; **Emmanuelle Guyavarch**, *Institut National d'Études Démographiques (INED)*; **Pascal Arduin**, *Institut de Recherche pour le Développement (IRD)*; **Malick Kante**, *Institut National d'Études Démographiques (INED)*; **Aldiouma Diallo**, *Institut de Recherche pour le Développement (IRD)*; **Raphael Laurent**, *Institut National d'Études Démographiques (INED)*; **Adama Marra**, *Institut de Recherche pour le Développement (IRD)*; **Gilles Pison**, *Institut National d'Études Démographiques (INED)*
- 2 **Adult mortality estimations from cohort and census/survey data: A comparison of direct and indirect methods in rural Malawi** / L'estimation de la mortalité adulte à partir des données de la cohorte et du recensement/enquêtes: une comparaison des méthodes directes et indirectes en milieu rural du Malawi • **Patrick Gerland**, *United Nations*; **James Kaphuka**, *University of Malawi*; **George Mandere**, *University of Malawi*; **Humphreys Misiri**, *University of Malawi*; **Peter C. Fleming**, *University of Pennsylvania*
- 3 **Modeling spatial effects on childhood mortality via geo-additive Bayesian discrete-time survival model: a case study from Nigeria** / Modéliser les effets spatiaux de la mortalité infantile à travers "Discret Geo-Additive Bayesian" - modèle de survie dans le temps: une étude de cas au Nigéria. • **Gebrenegus Ghilagaber**, *N.B. Kandala, Warwick University*; **Diddy Antai**, *Karolinska Institutet*
- 4 **Ensuring the sustainability of DSS by making scientific results available to lay persons: case studies in Senegal and Burkina Faso** / Assurer la durabilité du SSD en mettant les résultats scientifiques à la disposition des profanes: le cas des études au Sénégal et au Burkina Faso • **Nathalie Mondain**, *Université d'Ottawa*; **Pascal Arduin**, *Institut de Recherche pour le Développement (IRD)*

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- 5 **Measuring cause-specific mortality burden in low-income countries: Experiences from a feasibility study of a post-census mortality survey using verbal autopsy** / Mesurer les causes spécifiques du fardeau de la mortalité dans les pays économiquement faibles: les expériences d'une étude de faisabilité relative à une enquête post-censitaire de mortalité en utilisant l'autopsie verbale. • **Robert G. Mswia**, *University of North Carolina at Chapel Hill*; **Elisio Mazive**; **Pedro B Duce**, *Instituto Nacional de Estatística - Mozambique*; **Dan Williams**, *University of North Carolina at Chapel Hill*; **Philip W Setel**, *University of North Carolina at Chapel Hill*; **Yusuf Hemed**; **David R Whiting**, *University of Newcastle upon Tyne*; **Lorraine A. West**, *U.S. Census Bureau*; **Dennis J Donahue**, *U.S. Census Bureau*; **Peter Young**, *CDC Mozambique*; **Kimberly Marsh**, *CDC Mozambique*
 - 6 **Population modeling for a small area: a comparative analysis of census and demographic surveillance system data in South Africa** / L'échantillonnage de la population pour un petit espace: une analyse comparative des données du recensement et du système de surveillance démographique en Afrique du Sud • **Makandwe Nyirenda**, *University of Kwazulu-Natal*; **Victoria Hosegood**, *London School of Hygiene and Tropical Medicine*; **Tom A. Moultrie**, *University of Cape Town*

Thursday December 13 / Jeudi 13 Décembre, 10:45 - 12:45

Themi -

69 CONSEQUENCES OF AFRICAN INTERNATIONAL MIGRATION / CONSÉQUENCES DE LA MIGRATION INTERNATIONALE AFRICAINE.

Chair / Président(e): **Eugene Campbell**, *University of Botswana*

Discussant / Discutant: **Samuel Owuor**, *University of Nairobi*

- 1 **Impact of remittances on the socio-economic livelihood of international migrants** / L'impact des transferts de fonds sur la vie socio-économique des migrants internationaux • **Samuel Kojo Antobam**, *University of the Witwatersrand*
- 2 **From Côte d'Ivoire to Burkina Faso: Returning migrants and the problem of re-integration in a rural setting.** / **De la Côte d'Ivoire au Burkina Faso : migrants de retour et problématique d'insertion en milieu rural** • **Eric Bologo**, *Université Catholique de Louvain*; **Pascal Nana**
- 3 **Africa, the parable of the failure of the West, works** / L'Afrique, la parabole de l'échec de l'Occident, marche • **Ogotu E M Gilbert**, *University of Nairobi*
- 4 **Some developmental effects of international migration of skilled labour from Ghana** / Quelques effets de la migration internationale de la main d'œuvre qualifiée sur le développement au Ghana . • **Alex Asiedu**, *University of Ghana*

Thursday December 13 / Jeudi 13 Décembre, 10:45 - 12:45

Twiga -

70 KNOWLEDGE AND ATTITUDES TOWARDS HIV AND HIV VOLUNTARY TESTING / LA CONNAISSANCE ET ATTITUDES ENVERS LE VIH ET LE TEST VOLONTAIRE DU VIH

Chair / Président(e): **Susan Watkins**, *University of California, Los Angeles*

Discussant / Discutant: **Alexander Weinreb**, *Hebrew University, Jerusalem*

- 1 **Views and attitudes towards HIV voluntary testing among adolescents: Evidence from Burkina Faso** / **Les opinions et les attitudes envers le test volontaire du VIH chez les adolescents. Données du Burkina Faso** • **Guiella Georges**, *Département de démographie, Université of Montreal*

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- 2 **Experimental design of couples and individual VCT in three antenatal clinics in Dar es Salaam** / Expériences sur des couples désignés pour effectuer le test volontaire du VIH et à titre individuel dans trois cliniques prénatales de Dar es Salaam • **Stan Becker**, *Johns Hopkins University*; **Rose Mlay**, *Muhimbili University College of Health Sciences*; **Hilary Schwandt**, *Johns Hopkins University*
 - 3 **How voluntary is HIV testing in Zambia?** / Dans quel sens le test du VIH est-il volontaire en Zambie? • **Namuunda Mutombo**, *Australian National University*
 - 4 **Measuring gender differentials through gender dominance ratios: Case of HIV/AIDS prevalence and related knowledge, attitudes, and behaviour in Lesotho and Botswana** / Mesurer les différentiels du genre par rapport aux ratios dominés par le genre: le cas de la prévalence du VIH/SIDA associée à la connaissance, aux attitudes et aux comportements au Lesotho et au Botswana • **Venant R.N Mutabihirwa**, *National University of Lesotho*; **Elizabeth P Mukamaambo**, *University of Botswana*

Thursday December 13 / Jeudi 13 Décembre, 10:45 - 12:45

Manyara -

71 SEX EDUCATION: THE INTERSECTION OF TRADITIONAL SYSTEMS / EDUCATION SEXUELLE : LIGNES D'INTERSECTION AVEC LE SYSTÈME TRADITIONNEL

Chair / Président(e): **Akim Mturi**, *Human Sciences Research Council*

Discussant / Discutant: **Chiweni E. Chimbwete**, *University of Witwatersrand*

- 1 **Exploring issues surrounding adolescent-adult communication gap in sexual and reproductive health in Ghana** / Explorer les questions relatives au manque de communication entre les adolescents et les adultes en matière de santé sexuelle et reproductive au Ghana • **Kofi Awusabo-Asare**, *University of Cape Coast*; **Augustine Tanle**, *University of Cape Coast*
- 2 **Sex education, knowledge, attitudes and behavior of adolescents towards HIV/AIDS in Ghana** / L'éducation sexuelle, la connaissance, les attitudes et le comportement des adolescents vis-à-vis du VIH/SIDA au Ghana • **Akwasi Kumi-Kyereme**, *University of Cape Coast*; **Alex Ezech**, *African Population and Health Research Center (APHRC)*
- 3 **The timing and role of initiation rites in preparing young people for adolescence and responsible sexual and reproductive behaviour in Malawi** / Programmation et rôle des rites d'initiation dans la préparation des jeunes gens pour l'adolescence et comportement reproductif et sexuel responsable. • **Alister Munthali**, *University of Malawi*; **Eliya M Zulu**, *African Population and Health Research Center (APHRC)*
- 4 **Evaluation of the impact of life skills based HIV and AIDS education using folktales in primary schools in Nigeria** / L'évaluation de l'impact de l'éducation en VIH/SIDA basée sur les compétences en utilisant les contes populaires dans les écoles primaire au Nigéria • **Makanjuola O Osagbemi**, *University of Jos, Nigeria*; **Bunmi O Joseph**, *Agency for Children in Crisis (AFChiC)*; **Olubunmi V Oshadumo**, *Federal College of Education*

Thursday December 13 / Jeudi 13 Décembre, 10:45 - 12:45

Kagera -

72 MIGRATION AND URBANIZATION / MIGRATION ET URBANISATION

Chair / Président(e): **Momodou Jasseh**, *Medical Research Council, The Gambia*

Discussant / Discutant: **Mark Collinson**, *University of the Witwatersrand*

- 1 The impact of internal migration on the employment market in Senegal / **L'impact des migrations internes sur le marché du travail à Dakar.** • **Cheikh N'diaye**, *Université Montesquieu - Bordeaux IV*; **Ndèye Anel Diagne**, *Université de Paris I, Sorbonne*
- 2 **African female migrants' market employment and multiculturalism: Demographic and comparative perspective** / L'impact des migrations internes sur le marché du travail urbain au Sénégal • **Yaghoob Foroutan**, *The University of Mazandaran and The Australian National University*
- 3 **Seasonal migration, HIV risk perceptions and condom use in rural Ghana for women aged 15-49** / La migration saisonnière, la perception du risque du VIH et l'utilisation du condom par les femmes âgées de 15 à 49 en milieu rural ghanéen • **Maya N Vaughan-Smith**, *Population Council*; **J. Koku Awoonor-Williams**, *Ghana Health Service*; **James F. Phillips**, *Population Council*
- 4 New configurations of African migrations / **Les nouvelles configurations des migrations africaines** • **Latreche Abdelkader**, *Planning Council*

Thursday December 13 / Jeudi 13 Décembre, 10:45 - 12:45

Mbuni -

73 UK PARLIAMENT REPORT ON POPULATION GROWTH AND THE MDGS / RAPPORT DU PARLEMENT DU ROYAUME UNI SUR LA CROISSANCE DE LA POPULATION ET LES OMD

Chair / Président(e): **Martha M Campbell**, *University of California, Berkeley*

- 1 **Presentation 4** / Présentation 4 • **Alex Ezeh**, *African Population and Health Research Center (APHRC)*
- 2 **Presentation 3** / Présentation 3 • **Jean-Christophe Fotso**, *African Population and Health Research Center (APHRC)*
- 3 **Presentation 2** / Présentation 2 • **Ndola Prata**, *University of California, Berkeley*
- 4 **Presentation 1** / Présentation 1 • **John G. Cleland**, *London School of Hygiene and Tropical Medicine*

Thursday December 13 / Jeudi 13 Décembre, 12:45 - 14:15

Karafuu Lobby -

P-3 POSTER SESSION 3 / SÉANCE POSTERS 3

Chair / Président(e): **Nyovani Madise**, *University of Southampton*

- 1 **Enhancing adolescents' reproductive health awareness in Egypt** • **Salah Abou El Enein**, *Pathfinder International*; **Andy Cole**, *Pathfinder International*; **Manal Eid**, *Pathfinder International*

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- 2 **Adolescents' expectations of stakeholders role in their sexual and reproductive health in Nigeria** • Adunola Adepoju, *University of Lagos*
 - 3 **Sexual violence against women in marital dyads, prevalence and reproductive health consequences: A situation among the Ijesa of South-Western Nigeria** • Adebayo O. Ajala, *Nigerian Institute of Social and Economic Research*; Uche Isiugo-Abanihe, *University of Ibadan*
 - 4 **The causes and consequences of early marriage in the Amhara region of Ethiopia** • Bogalech Alemu, *Pathfinder International*; Jennifer Wilder, *Pathfinder International*
 - 5 **The hazard of female first marriage in Mozambique** • Carlos Arnaldo, *Universidade Eduardo Mondlane*; Sandra D. Goncalves, *University of Cape Town*
 - 6 **Analyse des statistiques de l'état civil de la ville d'Abidjan pour l'année 2005** • Massoma Bakaoyko, *Eugène Yapo*; Lucien Kouassi; Anne Marie Rachelle Djangone-Mian, *United Nations Population Fund (UNFPA)*
 - 7 **The risk of HIV/AIDS among the poor families in rural communities in South Western Nigeria** • Luqman Bisiriyu, *Obafemi Awolowo University*; Alfred Adewuyi, *Obafemi Awolowo University*
 - 8 **La prévalence et les conséquences de la violence basée sur le genre : Violences faites aux étudiantes de l'Université de Kinshasa (RDC)** • Sylvain Gamaliel Bjimina Luaia
 - 9 **Comportement sexuel et sexualité** • Zakaliyat Bonkougou; *Siaka Lougue*
 - 10 **Homosexualité en Afrique : mythe ou réalité ? Cas du Togo** • Virgile Capo-Chichi, *Population Services International (PSI)*; Sethson Kassegne, *Population Services International (PSI)*
 - 11 **A methodology for indirectly estimating the impact of HIV/AIDS on household structure and characteristics in Sub-Saharan Africa** • Proud Dzambukira, *Harvard University*; Paulsen Mrina, *Harvard University*; Michael Levin, *Harvard University*
 - 12 **Assessment and monitoring of changes in interest of pastoralists in selling their livestock for their livelihood diversification in Ngorongoro District, Tanzania** • Michael Emanuel Haule
 - 13 **Strategies for improving the nutrition of children orphaned by HIV/AIDS in the rural areas of Abia State, Nigeria** • Ezinne Enwereji, *Abia State University*
 - 14 **Informal trade as an instrument to fight urban poverty and promote new orders of social stratification: Studying the involvement of women in informal economic activities in Maputo, Mozambique** • Sonia Frias Piepoli, *ISCSP - Universidade Técnica de Lisboa*
 - 15 **Niveau, tendance et facteurs de divorce au Burkina Faso** • Bilampoa Gnomou Thiombiano, *Université de Montréal*; Thomas LeGrand, *Université de Montréal*; Bruno D. Schoumaker, *Université Catholique de Louvain*
 - 16 **Déterminants des mariages consanguins dans la région du Gharb-Chrarda-Béni Hssen (Maroc)** • Hinde Hami, *Université Ibn Tofail, Maroc*; Abdelmajid Soulaymani, *Université Ibn Tofail*; Abdelrhani Mokhtari, *Université Ibn Tofail*
 - 17 **Trust, commitment, fidelity, and condom use among young adults in Tanzania** • Megan Klein Hattori, *University of Maryland*
 - 18 **Using improved predictors of condom use to better target Swazi youth with regular partners** • Megan Klein Hattori, *University of Maryland*; Navendu Shekhar, *Population Services International (PSI)*; Dhaval S. Patel, *Society for Family Health/ Population Services International*
 - 19 **Adolescent high-risk behaviours and its determinants in North-West province of South Africa** • Sabiti Ishmael-Kalule, *North-West University, South Africa*; Yaw Amoateng,
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Human Sciences Research Council of South Africa (HSRC); Narayanan V Prakash, North-West University, South Africa

- 20 **Factors associated with sexual behaviour among Public University students in Tanzania** • John Jeckoniah, *Sokoine University of Agriculture*
 - 21 **Couples' level of education and gender differences in disclosure of HIV status in Ibadan, Nigeria** • Ayodele S Jegede, *University of Ibadan*
 - 22 **Nouvelle politique publique de décentralisation de la République Démocratique du Congo, population et développement dans le contexte de la mondialisation.** • Charlotte Kabedi Ilunga, *University of Kinshasa*
 - 23 **Premiers rapports sexuels forcés chez les jeunes de Kinshasa : caractéristiques sociodémographiques des partenaires, contexte de « négociations » et risques d'IST/VIH et/ou de grossesses non désirées** • Barthélemy Kalambayi Banza
 - 24 **Promoting safer sexual practices among street children in Kinshasa in the era of HIV** • Lupwana Kandala, *LUCIO*
 - 25 **Adolescent early marriage in northern Nigeria: Evidence to effective programmatic intervention** • Andrew S Karlyn, *Population Council*; Annabel Erulkar, *Population Council*
 - 26 **Comportements sexuels des jeunes scolaires et VIH/Sida au Togo** • Sethson Kassegne, *Population Services International (PSI)*; Agbessi Amouzou, *Elizabeth Glaser Pediatric AIDS Foundation*
 - 27 **HIV prevention among youth in Internally Displaced People's (IDP) camps: Experiences from Uganda** • Peter Kintu, *Uganda Programme for Human and Holistic Development (UPHOLD)*; Alex Mugume, *Uganda Programme for Human and Holistic Development (UPHOLD)*; Samson Kironde, *Uganda Programme for Human and Holistic Development (UPHOLD)*; Denis Kibwola, *Straight Talk Foundation*
 - 28 **Souls of life: Looking at the role of older people in maintaining and protecting African culture** • Stephen R Kodwo, *Virginia Commonwealth University*
 - 29 **Is there any relationship between knowledge of HIV/AIDS prevention and transmission and safe sexual behaviour? The case of young people in Botswana** • Gobopamang Letamo, *University of Botswana*
 - 30 **Perceived peer influence on sexual behaviour among secondary schools adolescents in Tanzania** • Paulina Mabuga, *University of Dar es Salaam*
 - 31 **Determinants of female family headship in Sub-Saharan Africa** • Dionisia Maffioli, *Università degli Studi di Bari*; Giuseppe Gabrielli, *University of Bari*; Piero Sacco
 - 32 **Bush meat hunting, rural food security and livelihood in Uluguru Mountains Tanzania** • Gladys Mahiti, *Sokoine University of Agriculture*
 - 33 **Civil registration system and census exercise in Nigeria: The challenges of demographic estimation** • Chuks J Mba, *University of Ghana*
 - 34 **Environnement familial des enfants et adolescents burkinabés: Profil et évolution** • Yode Miangotar, *Université de Montréal*
 - 35 **Partner reduction and partner faithfulness reduce risk of HIV infection in Sub-Saharan Africa: Evidence from Cameroon, Rwanda, Uganda, and Zimbabwe** • Vinod Mishra, *Macro International Inc.*; Rathavuth Hong, *Macro International Inc.*; Bernard Barrere, *Macro International Inc.*
 - 36 **Adolescent childbearing in Cameroon: An analysis of trends, determinants and health consequences** • Louise Moyo; Samuel Kelodjoue, *Université de Dschang*
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- 37 **Indirect estimation of maternal mortality in Kenya** • Austin Mueke, *University of Nairobi*
- 38 **Interventions to mitigate gender-based violence: Experiences from Uganda** • Alex Mugume, *Uganda Programme for Human and Holistic Development (UPHOLD)*; Beatrice Muwa, *Uganda Programme for Human and Holistic Development (UPHOLD)*; Josephine Kasaija, *Uganda Programme for Human and Holistic Development (UPHOLD)*; Lydia Buzaalirwa, *Uganda Programme for Human and Holistic Development (UPHOLD)*; Peter Kintu, *Uganda Programme for Human and Holistic Development (UPHOLD)*
- 39 **The timing and role of initiation rites in preparing young people for adolescence and responsible sexual and reproductive health behaviour in Malawi** • Alistair Munthali, *University of Malawi*
- 40 **Factors affecting Kenyan adolescents' childbearing desires** • Andrew Muriuki, *University of Wisconsin at Milwaukee*; Marjorie Sable, *University of Missouri at Columbia*
- 41 **Intergenerational equity in Kenyan social security and poverty reduction** • Samuel Mwangi, *Miami University*
- 42 **Young and Innocent? Sexual activity among young adolescents in the era of HIV and AIDS in Uganda** • Stella Neema, *Makerere University*
- 43 **Food security and household vulnerability in a South African context of high HIV prevalence** • Busisiwe Nkosi, *Health Economics and AIDS Research Division (HEARD)*; Mary Bachman DeSilva, *Boston University*
- 44 **Vital registration systems in Africa: Strategizing towards viability** • Ethelbert Nwokocho, *University of Ibadan*
- 45 **Incidence des violences basées sur le genre sur les programmes de développement économique et social : Cas de la République Démocratique du Congo** • Paul Denis Nzita Kikhela, *Université de Kinshasa*
- 46 **Interrogating the nexus of gender inequality, sexuality and survival: Reflections on the sociology of Mb?mchi** • Akachi C. Odoemene, *University of Ibadan*; Chinwe M Agamegwa, *Igoloafrika Youth Foundation*
- 47 **Care giving and stress: Experiences of people taking care of elderly relations in Southern Nigeria** • Uzoma O Okoye, *University of Nsukka, Nigeria*
- 48 **Adolescent sexuality and sexuality education in South-Western Nigeria: Combining quantitative and participatory methodologies** • Tolulope M Ola, *University of Ado-Ekiti*; Abosede Oludare, *University of Ibadan*
- 49 **Le rôle de l'âge au mariage dans la baisse de la fécondité en Algérie?** • Zahia Ouadah-Bedidi, *Institut National d'Études Démographiques (INED)*
- 50 **For batter or worse...? Patterns and variations in women's experience of and attitudes towards spousal violence in marital and dating relationships** • Serai D. Rakgoasi, *University of the Witwatersrand*
- 51 **Impact of sexual and reproductive health education on adolescents behaviour towards HIV/AIDS transmission in Morogoro Municipal in Tanzania** • Wambuka Rangi, *Sokoine University of Agriculture*
- 52 **Does exposure to Adolescent Reproductive Health Programmes lead to desired outcomes? Findings from the 2006 African Youth Alliance (AYA) survey in Uganda** • Gideon Rutaremwa, *Makerere University*
- 53 **Risk and protective factors: Linkages to youth's perception of vulnerability to HIV/AIDS infection** • Yetty Shobo, *Pennsylvania State University*
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- 54 **Connaissance, attitude et pratique des professionnelles du sexe vis à vis du VIH/Sida dans un contexte de crise en Côte d'Ivoire** • **Lazare Sika**, *Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA)*; **Anne Marie Rachelle Djangone-Mian**, *United Nations Population Fund (UNFPA)*; **Kone Siaka**; **Flore Bia Gueu**
- 55 **The contribution of informal sector to poverty reduction in Mwanza City: The case study of food vendors in Pamba ward** • **Fausto G.B. Simime**, *Institute of Rural Development Planning - Dodoma (IRDPA)*; **Kilobe Benedict**, *Institute of Rural Development Planning (IRDPA) Dodoma*
- 56 **Développement et questions de population en République Démocratique du Congo : Regard sur le Document de Stratégie de Réduction de la Pauvreté(DSRP)** • **Jacques Tshibwabwa Kuditshini**, *University of Kinshasa*
- 57 **L'évolution de l'âge à la première union au Burkina Faso : Quels effets des unions libres et du niveau de vie du ménage ?** • **Younoussi Zourkaleini**, *Université de Ouagadougou*

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Mbayuwayu -

74 THE FUTURE OF FAMILY PLANNING PROGRAMMES IN AFRICA / L'AVENIR DES PROGRAMMES DE PLANNING FAMILIAL EN AFRIQUE

Chair / Président(e): **Yves Bergevin**, *United Nations Population Fund (UNFPA)*

Discussant / Discutant: **Philomena E. Nyarko**, *University of Ghana*

- 1 **Investing in the future: The case for long-acting and permanent contraception in sub-Saharan Africa** / **Investir à l'avenir: le cas de la contraception de longue durée et permanente en Afrique sub-saharienne** • **Wuleta Betamariam**, *EngenderHealth*; **John M. Pile**, *EngenderHealth*; **Isaiah Ndong**, *EngenderHealth*; **Roy Jacobstein**, *EngenderHealth*
- 2 **Fragile, threatened, and in great need: Family planning programs in sub-Saharan Africa** / **Fragiles, menacés et dans un grand besoin: les programmes du planning familial en Afrique sub-saharienne** • **Roy Jacobstein**, *EngenderHealth*; **Isaiah Ndong**, *EngenderHealth*; **Wuleta Betamariam**, *EngenderHealth*; **John M. Pile**, *EngenderHealth*
- 3 **Securing access to reproductive health commodities: A regional approach** / **Sécuriser l'accès aux soins de base en santé de la reproduction: une approche régionale** • **Antoine Ndiaye**, *Management Sciences for Health*; **Chevenee Reavis**, *Management Sciences for Health*; **Stephen Redding**, *Management Sciences for Health*
- 4 **Accelerated fertility decline and population policies in Algeria: A paradoxical evolution? / Baisse rapide de la fécondité et politiques de population en Algérie : une évolution paradoxale?** • **Zahia Ouadah-Bedidi**, *Institut National d'Études Démographiques (INED)*

Thursday December 13 / Jeudi 13 Décembre, 14:15 - 16:15

Tausi -

75 URBANIZATION AND HUMAN WELFARE / URBANISATION ET LE BIEN ÊTRE HUMAIN

Chair / Président(e): **Mary-Ellen Zuppan**, *International Union for the Scientific Study of Population (IUSSP)*

Discussant / Discutant: **Jean-Christophe Fotso**, *African Population and Health Research Center (APHRC)*

- 1 **Local development as a means to combat the rural-urban migrations: The Tunisian experience / Le développement local moyen de lutte contre l'exode et l'émigration: Expérience tunisienne** • **Zitouni Belgacem**, *Institut National Pédagogique et de Formation, Tunis*
- 2 **Contextualizing the role of population growth in forest cover change in Malawi / Contextualiser le rôle de la croissance de la population dans le changement de la couverture forestière au Malawi** • **Leo C Zulu**, *Michigan State University*
- 3 **Demographic dimensions of the urbanization process in selected African countries: New prospects and challenges / Les dimensions démographiques du processus de l'urbanisation dans des pays sélectionnés d'Afrique: nouveaux défis et prospectives** • **Mohammad Mirzaie**, *University of Tehran*; **Nader Motie Haghshenas**, *Population Studies and Research Center for Asia and the Pacific*; **Mahmood Moshfegh**, *Population studies and Research Center for Asia and the Pacific*; **Hossein Javadkhani**, *Tabriz Azad University, Iran*
- 4 **Moving in and moving up: migration and schooling outcomes among school age children in Nairobi slums / La migration et les résultats scolaires chez les enfants d'âge scolaire dans les bidonvilles de Nairobi** • **Kanyiva Muindi**, *African Population and Health Research Center (APHRC)*; **Eliya M Zulu**, *African Population and Health Research Center (APHRC)*; **Evangelina N Nderu**, *African Population and Health Research Center*; **Ousmane Faye**, *Université de Liège*

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Themi -

76 EXPERIENCES AND IMPACTS OF UNIVERSAL PRIMARY EDUCATION POLICIES ON HUMAN DEVELOPMENT / EXPÉRIENCES ET EFFETS DES POLITIQUES D'ÉDUCATION PRIMAIRE UNIVERSELLE SUR LE DÉVELOPPEMENT HUMAIN

Chair / Président(e): **Frederick Mugisha**, *African Population and Health Research Center (APHRC)*

Discussant / Discutant: **Paul C. Hewett**, *Population Council*

- 1 **Universal basic education in Nigeria: Challenges and prospects / L'éducation universelle de base au Nigéria: les défis et les perspectives** • **Adunola Adepoju**, *University of Lagos*; **Anne Fabiyi**, *University of Lagos*
- 2 **Family determinants of basic education in Algeria / Les déterminants familiaux de la scolarisation en Algérie** • **Nacer Boulfekhar**, *Université de Blida*; **Mohamed Bedrouni**, *Université Saad Dahleb Blida*
- 3 **Enrolment and gender parity after free primary education in Kenya: looks like pro-poor private schools in Nairobi's slums have a point to make! / Inscription et parité du genre après l'enseignement primaire gratuit au Kenya: il semble que les écoles privées pro-pauvres des taudis de Nairobi ont leur mot à dire.** • **Charles Epari**, *African Population and Health Research Center (APHRC)*

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- 4 **Addressing school safety in Uganda** / Adresser la sécurité de l'éducation en Uganda • **Rita Lulua**, *Uganda Programme for Human and Holistic Development (UPHOLD)*; **Onesmus Dralega**, *Uganda Programme for Human and Holistic Development (UPHOLD)*; **Lisa Sherburne**, *Uganda Programme for Human and Holistic Development (UPHOLD)*; **Elizabeth Ekochu**, *Apollo Nkwake*

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Twiga -

77 IMPACT OF HIV AND AIDS ON THE WELLBEING OF OLDER PEOPLE / L'IMPACT DU VIH ET DU SIDA SUR LE BIEN-ÊTRE DES PERSONNES AGÉES

Chair / Président(e): **Michelle Poulin**, *University of Pennsylvania*

Discussant / Discutant: **Jane Menken**, *University of Colorado at Boulder*

- 1 **Perception of HIV/AIDS risk among older people living in slums settlements of Nairobi City, Kenya** / L'impact du VIH/SIDA sur la morbidité et la mortalité des personnes âgées vivant en milieu urbain: le cas des personnes âgées des bidonvilles de Nairobi • **Gloria C Langat**, *University of Southampton*
- 2 **The impact of HIV/AIDS on the Zambian population: the case of old people** / L'impact du VIH/SIDA sur la population de la Zambie: le cas des personnes âgées • **Chibwe Lwamba**, *U.S. Agency for International Development (USAID)*
- 3 **Growing old with AIDS: the perspectives and behaviours of older people in Kwazulu-Natal, South Africa** / Vieillir avec le SIDA: les perspectives et les comportements des personnes âgées dans le Kwazulu-Natal, Afrique du Sud • **Pranitha Maharaj**, *University of KwaZulu-Natal*
- 4 **Hidden impacts: "near old" women's experiences of adult morbidity and mortality in the era of HIV/AIDS in rural South Africa** / Les impacts cachés: les expériences des femmes "Près de la vieillesse" dans le domaine de la mortalité et de la morbidité des adultes affectés par le VIH/SIDA en milieu rural Sud Africain • **Catherine Ogunmefun**, *University of the Witwatersrand*

Thursday December 13 / Jeudi 13 Décembre, 14:15 - 16:15

Manyara -

78 HIV AND AIDS AND FAMILIES / LE VIH, LE SIDA ET LES FAMILLES

Chair / Président(e): **Uche Isiugo-Abanihe**, *University of Ibadan*

Discussant / Discutant: **Emmanuel O. Tawiah**, *University of Ghana*

- 1 **Socio-economic impact of HIV/AIDS on children affected by HIV/AIDS in South West Nigeria** / L'impact socio-économique du VIH/SIDA sur les enfants affectés par le VIH/SIDA dans le sud-ouest du Nigéria • **Adebayo O. Ajala**, *Nigerian Institute of Social and Economic Research*; **Olakunle Odumosu**; **Sunday Alonge**; **Nancy Nelson-Twakor**
 - 2 **Marital power and decision-making processes regarding voluntary counseling and testing for HIV in rural Malawi** / Pouvoir matrimonial et processus de prise de décision concernant le counselling et le test du VIH en milieu rural du Malawi • **Lauren Gaydosh**, *Invest in Knowledge Initiative*
 - 3 **Growing up in the context of high HIV prevalence: adult death and illness, family living arrangements, and children's lives** / Grandir dans le contexte de la prévalence élevée du
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VIH: Maladie et décès des adultes, arrangements de mode de vie de la famille et la vie des enfants • **Erin M. Parker**, *Brown University*; **Susan E. Short**, *Brown University*; **Rachel E. Goldberg**, *Brown University*; **Thandie Hlabana**, *Brown University*

- 4 **Polygyny and HIV in Malawi** / La polygynie et le VIH/SIDA au Malawi • **Rania Tfaily**, *Carleton University*
- 5 **Orphanhood, childhood and identity dilemma of child headed households in rural Zimbabwe in the context of HIV/AIDS pandemic** / L'orphelin, l'enfance et le dilemme d'identité de l'enfant chef du ménage dans le contexte de la pandémie du VIH/SIDA en milieu rural du Zimbabwe • **Monica Chizororo**, *University of St Andrews*

Thursday December 13 / Jeudi 13 Décembre, 14:15 - 16:15

Kagera -

79 ACHIEVING MDG TARGETS THROUGH ADDRESSING INEQUITIES / RÉALISER LES OMD EN CIBLANT L'INÉQUITÉ (L'INÉGALITÉ)

Chair / Président(e): **Tapiwa Jhamba**, *National Population Unit, South Africa*

Discussant / Discutant: **Cornie Groenewald**, *University of Stellenbosch, South Africa*

- 1 **Achieving the MDGs with equity: Need for the human rights based approach** / Atteindre avec équité les OMD: le besoin d'une approche basée sur les droits de l'homme • **Oladele Arowolo**, *United Nations Population Fund (UNFPA)*
- 2 **Achieving MDG targets by addressing reproductive health inequalities the OBA way** / Atteindre les objectifs du millénaire pour le développement en adressant les inégalités de la santé reproductive à la manière de "l'OBA". • **Solomon Mumah**, *National Coordinating Agency for Population and Development, Kenya*; **Francis Kundu**, *National Coordinating Agency for Population and Development, Kenya*; **Richard Muga**, *National Coordinating Agency for Population and Development, Kenya*
- 3 **Access of the Congolese population to basic infrastructures / L'accessibilité de la population congolaise aux infrastructures de base** • **Perpétue Madungu Tumwaka**, *Institut National de la Statistique, Kinshasa*
- 4 **Tracking the millennium development goals in South Africa's 21 poorest nodes** / Traquer les objectifs du millénaire pour le développement des vingt et une localités les plus pauvres de l'Afrique du Sud • **Matt Smith**, *University of Warwick*; **David Everatt**, *Strategy and Tactics*

Thursday December 13 / Jeudi 13 Décembre, 16:30 - 18:30

Simba -

80 UAPS ANNUAL GENERAL MEETING / RÉUNION GÉNÉRALE ANNUELLE DE L'UEPA

Chair / Président(e): **Koffi N'Guessan**, *President of UAPS/Président de l'UEPA*

UAPS MEMBERS GENERAL MEETING II

WEDNESDAY DECEMBER 13, 2007

4:30PM – 6:30PM

KEY ISSUES

ADMINISTRATIVE REPORT

PROGRAMS REPORT

FINANCIAL REPORT

VENUE: SIMBA HALL

Friday December 14 / Vendredi 14 Décembre, 08:30 - 10:30

Mbayuwayu -

81 POPULATION AND ENVIRONMENTAL CHANGE IN AFRICA / POPULATION ET CHANGEMENTS ENVIRONNEMENTAUX EN AFRIQUE

Chair / Président(e): **Ezekiel Kalipeni**, *University of Illinois at Urbana-Champaign*

Discussant / Discutant: **Abdellaziz Bouisri**

- 1 **Integrating Remote Sensing, GIS, census and socio-economic data in studying the population-land use/cover Nexus in Ghana.** / Intégrer la détection à distance, le GIS, les données socio-économiques du recensement à l'étude de l'utilisation de la terre et ses liens avec la couverture de la terre au Ghana • **Samuel N.A Codjoe**, *University of Ghana*
- 2 **Rainfall variations and child mortality in the Sahelian region. Results from a comparative analysis in Burkina Faso and Mali** / Les variations dans les précipitations et la mortalité infantile dans la région du Sahel: les résultats d'une analyse comparative entre le Burkina Faso et le Mali • **Stéphanie Dos Santos**, *LPED/IRD*; **Sabine J.F Henry**, *Facultés Universitaires Notre-Dame de la Paix, Belgium*
- 3 **Population and environmental change in Africa: Evaluation of a reforestation programme in Urambo District-Tanzania** / Population et changement de l'environnement en Afrique: l'évaluation d'un programme de reforestation dans la Préfecture d'Urambo en Tanzanie • **Mangasini A. Katundu**, *Sokoine University of Agriculture*; **Dismas Mwaseba**
- 4 **Population and environmental change in South Africa** / La population et le changement environnemental en Afrique du Sud • **Dewaram A. Nagdeve**, *International Institute for Population Sciences (IIPS)*
- 5 **Climate variability, environment change and food security nexus in Nigeria** / La variation climatique, le lien entre le changement de l'environnement et la sécurité alimentaire • **Emeka Obioha**, *National University of Lesotho*

Friday December 14 / Vendredi 14 Décembre, 08:30 - 10:30

Tausi -

82 SEXUALITY IN THE AFRICAN CONTEXT / SEXUALITÉ DANS LE CONTEXTE AFRICAÎN

Chair / Président(e): **Alister Munthali**, *University of Malawi*

Discussant / Discutant: **Chimaraoke O Izugbara**, *APHRC, KENYA*

- 1 On the way towards marriage: Sexual and fertility pathways of Fianarantsoa adolescents (Madagascar) / **En chemin vers le mariage : parcours sexuel et fécond d'adolescents de la province de Fianarantsoa (Madagascar)** • **Clotilde Binet**, *Université de Paris X, Nanterre and Institut de Recherche pour le Développement (IRD)*; **Bénédicte Gastineau**, *Institut de Recherche pour le Développement (IRD)*
- 2 **Sex, custom and population: a Nigerian example** / Sexualité, coutume et population: Un exemple du Nigeria • **Peter J Ezeh**, *University of Nsukka, Nigeria*
- 3 Couple relationships, sexuality and contraception difficulties: comparative analysis of four Capitals (Accra, Dakar, Ouagadougou, Rabat) / **Rapports de couple, sexualité et difficultés contraceptives : Analyse comparative de quatre capitales africaines (Accra, Dakar, Ouagadougou, Rabat)** • **Lorise Moreau**, *Université Catholique de Louvain*; **Catherine Gourbin**, *Université Catholique de Louvain*; **Luis Reategui Salmon**, *Université Catholique de Louvain*; **Groupe ECAF**, *Université catholique de Louvain*
- 4 **"If you start thinking positively, you won't miss sex": Narratives of sexual (in)activity among People Living with HIV and AIDS (PLWHAs) in Nairobi's informal settlements** / "Si vous commencez à penser positivement le sexe ne vous manquera pas ": Les paroles des personnes sexuellement (in) actives vivant avec le VIH et le SIDA dans les installations informelles de Nairobi • **Chi-Chi Undie**, *African Population and Health Research Center (APHRC)*; **Abdhalah K Ziraba**, *African Population and Health Research Center (APHRC)*; **John Kibaso**, *African Population and Health Research Center (APHRC)*; **Elizabeth W Kimani-Murage**, *University of the Witwatersrand*; **Nyovani Madise**, *University of Southampton*
- 5 **Understanding sexual relations between marital partners: A study of Ogu families, south-western Nigeria** / Comprendre la relation sexuelle entre les partenaires mariés: une étude des familles Ogu dans le Sud Ouest du Nigéria • **Onipede Wusu**, *Lagos State University*; **Uche Isiugo-Abanihe**, *University of Ibadan*

Friday December 14 / Vendredi 14 Décembre, 08:30 - 10:30

Themi -

83 STALLING FERTILITY – A TRANS-NATIONAL PERSPECTIVE / UNE FECONDITE CALÉE: UNE PERSPECTIVE TRANSNATIONALE

Chair / Président(e): **Samuel K Gaisie**, *University of Ghana*

Discussant / Discutant: **John G. Cleland**, *London School of Hygiene and Tropical Medicine*

- 1 **The impact of freedom on fertility transition: revisiting the theoretical framework** / L'impact de la liberté sur la transition de la fécondité: revisiter le cadre théorique • **Martha M Campbell**, *University of California, Berkeley*; **Ndola Prata**, *University of California, Berkeley*; **Malcolm Potts**, *University of California, Berkeley*
- 2 **Situations of fertility stall in sub-Saharan Africa** / Situations de la fécondité stabilisée en Afrique sub-saharienne • **Michel Garenne**, *Institut Pasteur*

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- 3 **Fertility transitions in Africa at the sub-national level** / Les transitions de la fécondité en Afrique au niveau des sous-régions nationales • **Bruno D. Schoemaker**, *Université Catholique de Louvain*; **Dominique Tabutin**, *Université Catholique de Louvain*
 - 4 **Fertility transition in sub-Saharan Africa: Falling and stalling** / La transition de la fécondité en Afrique sub-saharienne: en baisse ou stabilisée • **David Shapiro**, *Pennsylvania State University*; **Tesfayi Gebreselassie**, *Macro International Inc.*

Friday December 14 / Vendredi 14 Décembre, 08:30 - 10:30

Twiga -

84 CONSEQUENCES OF INTERNAL MIGRATION / CONSÉQUENCES DE LA MIGRATION INTERNE

Chair / Président(e): **Kubaje Adazu**, *Centers for Disease Control and Prevention*

Discussant / Discutant: **William Gould**, *University of Liverpool*

- 1 **Quality of life among unskilled and semi skilled migrants in urban Lagos** / Qualité de vie chez les migrants professionnels et semi-professionnels à Lagos urbain • **Pius E. Adejoh**, *University of Lagos*
- 2 **Migration dynamics and small scale gold mining in north-eastern Ghana: implications for sustainable rural livelihoods** / Dynamique de migration et extraction d'or à petite échelle dans le nord-est du Ghana: les implications pour les moyens de subsistance durable en milieu rural. • **Mariama Awumbila**, *University of Ghana*; **Dzodzi Tsikata**, *University of Ghana*
- 3 **Migration and the spread of HIV in rural areas of Africa: the example of Likoma Island, Malawi** / La migration et la propagation du VIH dans les milieux ruraux de l'Afrique: l'exemple de l'île de Likoma, Malawi • **Agnes M Chimbiri**, *United Nations Development Programme (UNDP)*; **Stephane HELLERINGER**, *University of Pennsylvania*; **Hans-Peter Kohler**, *University of Pennsylvania*
- 4 **Rural-urban migration and its effects on fertility and child survival in Bangladesh** / Migration rurale-urbaine et ses effets sur la fécondité et la survie de l'enfant au Bangladesh • **M. Mazharul Islam**, *University of Dhaka*; **Kazi Md. Abul Kalam Azad**, *Independent University*

Friday December 14 / Vendredi 14 Décembre, 08:30 - 10:30

Manyara -

85 HIV AND AIDS IMPACTS / LES IMPACTS DU VIH ET DU SIDA

Chair / Président(e): **Tom A. Moultrie**, *University of Cape Town*

Discussant / Discutant: **Akim Mturi**, *Human Sciences Research Council*

- 1 **Orphans, schooling and medical aid coverage in the era of HIV/AIDS in South Africa** / Les Orphelins, la scolarisation et la couverture d'aide médicale à l'ère du HIV/SIDA en Afrique du Sud • **Henry V Doctor**, *University of the Western Cape*; **Zodwa M Radasi**, *University of the Western Cape*
 - 2 **HIV/AIDS-related beliefs, perception and sexual behaviours in South Africa: Analysis of Cape area panel study** / Croyances relatives au VIH/SIDA, perceptions et comportements sexuels en Afrique du Sud: Analyse de l'étude des experts du Cap • **Amos Oyedokun**, *University of the Witwatersrand*; **Clifford O Odimegwu**, *University of the Witwatersrand*
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- 3 **Recent trends in HIV-related knowledge and behaviors in Ethiopia, 2000-2005** / Les tendances récentes dans la connaissance relative au VIH et les comportements en Ethiopie • **Chiho Suzuki**, *Family Health International*; **Vinod Mishra**, *Macro International Inc.*; **Pav Govindasamy**, *ORC Macro*; **Rathavuth Hong**, *Macro International Inc.*; **Yuan Gu**, *Macro International*
 - 4 **Sexual behaviour and reproductive intentions of people living with HIV/Aids and are on Antiretroviral treatment in Uganda** / L'effet de la thérapie antirétrovirale sur les comportements sexuels et les intentions de reproduction en Ouganda • **Natal Ayiga**, *Makerere University*
 - 5 The impact of ARVs on the sexual and reproductive lives of people living with AIDS in Cameroon / **Les enjeux sexuels et reproductifs de la mise sous ARV des PWs au Cameroun** • **Honoré Mimche**

Friday December 14 / Vendredi 14 Décembre, 08:30 - 10:30

Kagera -

86 LESSONS IN DEVELOPING AND UTILIZING CIVIL REGISTRATION SYSTEMS IN AFRICA / LEÇONS SUR LA MISE EN PLACE ET L'UTILISATION D'UN SYSTÈME D'ÉTAT CIVIL EN AFRIQUE

Chair / Président(e): **Antoine Banza-Nsungu**, *Institut de Formation et de Recherche Démographiques (IFORD)*

Discussant / Discutant: **Eric O Udjo**, *University of South Africa*

- 1 Attempt at the evaluation of registration of births from double data collection : the case of Bonoua Municipality / **Fonctionnement de l'état civil en Côte-d'Ivoire. Essai d'évaluation de l'enregistrement des naissances à partir d'une double collecte : Le cas de la commune de Bonoua** • **Benjamin Zanou**, *United Nations Population Fund (UNFPA)*; **Koffi N'Guessan**, *Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA)*
- 2 Improving the declaration of civil registration systems in rural Cameroon: innovative strategies for death registration / **Comment améliorer les déclarations des faits d'état civil en milieu rural Camerounais: Stratégies innovatrices pour l'enregistrement des décès** • **Samuel Kelodjoue**, *Université de Dschang*
- 3 **Evaluating the cause of death certification at an academic hospital in Cape Town, South Africa** / Evaluer la cause de la certification du décès à l'hôpital académique de Cape Town, Afrique du Sud • **Beatrice Nojilana**, *Medical Research Council of South Africa*; **Pamela Groenewald**; **Debbie Bradshaw**, *Medical Research Council of South Africa*; **Gavin Reagon**, *University of the Western Cape*
- 4 **Using burial surveillance data for monitoring AIDS mortality in Addis Ababa, Ethiopia** / Utiliser les données sur la surveillance des enterrements des défunts pour évaluer la mortalité par le SIDA à Addis Ababa, Ethiopie • **Georges Reniers**, *University of Colorado at Boulder and University of the Witwatersrand*; **Gail Davey**, *Addis Ababa University*; **Tekebash Araya**, *Addis Ababa University*; **Nico J.D. Nagelkerke**, *United Arab Emirates University*; **Yemane Berhane**, *Addis Ababa University*; **Eduard J Sanders**, *Kenya Medical Research Institute (KEMRI)*

Friday December 14 / Vendredi 14 Décembre, 08:30 - 10:30

Mbuni -

87 CAPACITY BUILDING: GETTING PUBLISHED IN PEER-REVIEWED JOURNALS / RENFORCEMENT DE CAPACITÉ: ATELIER SUR LA COMMUNICATION

Chair / Président(e): **Fran Althaus**, *Guttmacher Institute*

- 1 **Presentation 1** / Présentation 1 • **Fran Althaus**, *Guttmacher Institute*
- 2 **Presentation 2** / Présentation 2 • **Kiersten Johnson**, *Macro International Inc.*

Friday December 14 / Vendredi 14 Décembre, 10:45 - 12:45

Mbayuwayu -

88 INEQUALITIES IN ACCESS TO MATERNAL HEALTH SERVICES / INÉGALITÉS À L'ACCÈS AUX SERVICES DE SANTÉ MATERNELLE

Chair / Président(e): **Monica A. Magadi**, *City University*

Discussant / Discutant: **Zoe Matthews**, *University of Southampton*

- 1 **Postpartum care in sub-Saharan Africa: insufficient and unequal** / Le soin post-natal en Afrique sub-saharienne: insuffisant et inégal • **Alfredo L. Fort**, *Program for Appropriate Technology in Health (PATH)*; **Monica Kothari**, *Program for Appropriate Technology in Health (PATH)*; **Noureddine Abderrahim**, *Macro International Inc.*
- 2 **What does access to maternal care mean among the urban poor? Factors associated with use of appropriate maternal health services in the slum settlements of Nairobi, Kenya** / Que signifie l'accès au soin maternel chez les pauvres vivant dans le milieu urbain? Facteurs associés à l'utilisation des services de soins maternels appropriés dans les bidonvilles de Nairobi, Kenya • **Jean-Christophe Fotso**, *African Population and Health Research Center (APHRC)*; **Alex Ezeh**, *African Population and Health Research Center (APHRC)*; **Nyovani Madise**, *University of Southampton*; **Abdhalah K. Ziraba**, *African Population and Health Research Center (APHRC)*; **Reuben Ogollah**, *African Population and Health Research Center (APHRC)*
- 3 **Few comprehensive services, unequal access: Capacities to deal with obstructed labor in 5 African countries** / Peu de services complets, accès inégal: capacités de traiter les accouchements difficiles dans 5 pays africains • **Kiersten Johnson**, *Macro International Inc.*
- 4 **Achieving MDG 5 in resource-poor settings: results from the skilled care initiative** / Atteindre les OMD 5 dans les structures aux ressources insuffisantes: les résultats de l'initiation de soin professionnel • **Tuntufye Mwakajonga**, *Family Care International*; **Angela Mutunga**, *Family Care International*; **Ellen Brazier**, *Family Care International*

Friday December 14 / Vendredi 14 Décembre, 10:45 - 12:45

Tausi -

89 REPRODUCTIVE HEALTH RIGHTS AND CHOICES 2 / DROITS À LA SANTÉ DE LA REPRODUCTION ET DROIT DE CHOISIR 2

Chair / Président(e): **Nana Oye Lithur**, *Law Trust Company*

Discussant / Discutant: **Hilary Standing**, *Institute of Development Studies, UK*

- 1 **Women's status and HIV/AIDS risk prevention strategies: A mixed-method evaluation of the effects of Microcredit Participation in Yaoundé, Cameroon** / Statut de la femme et stratégies de prévention du risque du VIH/SIDA: une méthode mixte d'évaluation des effets de la participation au microcrédit à Yaoundé, Cameroun • **Carolette R Norwood**, *University of Cincinnati*
- 2 **The rights of women in Nigeria: a myth or a reality?** / Les droits des femmes au Nigeria: mythe ou réalité? • **Opeyemi Fadeyibi**, *Obafemi Awolowo University*; **Adeola Akinbuwa**; **Adedini Sunday**, *Obafemi Awolowo University*
- 3 **Socio-cultural factors influencing expectant mothers' access and choice of child birth setting/maternity services in Ibadan metropolis, Nigeria** / Les facteurs socioculturels influençant l'accès et le choix des femmes enceintes aux services de l'accouchement/services de soins à la maternité dans la Métropole d'Ibadan, Nigeria • **Emeka Obioha**, *National University of Lesotho*; **Abiodun Fashagba**, *University of Ibadan*
- 4 **When reproduction is not a choice: Studies of infertility in sub-Saharan Africa** / Quand la reproduction n'est pas un choix: études de la stérilité en Afrique sub-saharienne • **Marida Hollos**, *Brown University*; **Ulla M Larsen**, *University of Maryland*; **Oka Obono**, *University of Ibadan*; **Bruce Whitehouse**, *Brown University*

Friday December 14 / Vendredi 14 Décembre, 10:45 - 12:45

Themi -

90 LESSONS IN MEASURING POVERTY AND HUMAN WELLBEING / LEÇONS DE LA MESURE DE LA PAUVRETÉ ET DU BIEN-ÊTRE HUMAIN

Chair / Président(e): **Jane C. Falkingham**, *University of Southampton*

Discussant / Discutant: **Angela Baschieri**, *London School of Hygiene and Tropical Medicine*

- 1 **How poverty is perceived by the Beninois: some evidence / La perception de la pauvreté par les béninois : quelques évidences** • **Elise Chantale Ahokey**, *Université Catholique de Louvain*; **Cosme Vodounou**, *Institut National de la Statistique, Benin*
- 2 **Poverty and social exclusion in Angola: a social vulnerability approach / Pauvreté et exclusion sociale en Angola: une approche de vulnérabilité sociale** • **Betina Ferraz Barbosa**, *Institute of Economics (IE-UNICAMP) and Brazilian Association for Population Studies*; **Bernardo Campolina**, *USP*
- 3 **Regional differences in childhood mortality in sub-Saharan African countries: exploring the role of poor environment and household poverty** / Les différences régionales de la mortalité infantile dans les pays de l'Afrique sub-saharienne: explorer le rôle du mauvais environnement et de la pauvreté des familles • **Ngianga II Kandala**, *Coventry University*; **Anthonia Uwazurike**, *Kay Gee Communication Ltd*; **Ngianga-Bakwin Kandala**, *University of Warwick*
- 4 **Measurement of objective poverty in Mali: To different methods, different results? / Les mesures de la pauvreté objective au Mali : A méthodes différentes, résultats différents ?** • **Mathias Kuepie**, *Développement Institutions et Analyses de Long Terme (DIAL)*; **Assa Doumbia-Gakou**, *Direction Nationale de la Statistique et de l'Informatique Mali*

Friday December 14 / Vendredi 14 Décembre, 10:45 - 12:45

Twiga -

91 EPIDEMIOLOGICAL TRANSITION: DUAL BURDEN OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES / LA TRANSITION ÉPIDÉMIOLOGIQUE: LE DOUBLE FARDEAU DES MALADIES TRANSMISSIBLES ET NON TRANSMISSIBLES

Chair / Président(e): **Michel Garenne**, *Institut Pasteur*

Discussant / Discutant: **Paula Griffiths**, *Loughborough University*

- 1 **Epidemiological transition and the double burden of disease in Accra, Ghana** / La transition épidémiologique et le double fardeau de la maladie à Accra, Ghana • **Samuel Agyei-Mensah**, *University of Ghana*; **Ama de-Graft Aikins**, *University of Cambridge*
- 2 **Morbidity in India: Is the Country Facing the Dual Burden of Communicable and Non communicable Diseases?** / Scénario épidémiologique en Inde: données récentes d'une enquête nationale par sondage. • **Soumitra Ghosh**, *International Institute for Population Sciences (IIPS)*
- 3 **Epidemiological transition in Morocco** / La transition épidémiologique au Maroc • **Imane Jroundi**, *Faculté de Médecine et de Pharmacie de Rabat*
- 4 **Profile and high prevalence of cardiovascular risk factors in an urban black African population** / Le profil et la prévalence élevée des facteurs à risques cardiovasculaires chez des populations noires en milieu urbain africain • **K Tibazarwa**, *University of the Witwatersrand*; **L Ntynyane**, *University of the Witwatersrand*; **K Sliwa**, *University of the Witwatersrand*; **T Gerntholtz**, *University of the Witwatersrand*; **D Wilkinson**, *University of Queensland*; **Simon Stewart**, *Baker Heart Research Institute*

Friday December 14 / Vendredi 14 Décembre, 10:45 - 12:45

Manyara -

92 DETERMINANTS OF ADULT MORTALITY IN AFRICA / DETERMINANTS DE LA MORTALITÉ ADULTE EN AFRIQUE

Chair / Président(e): **Eliwo M. Akoto**, *Institut De Formation Et De Recherche Démographiques (IFORD)*

Discussant / Discutant: **Amson Sibanda**, *United Nations*

- 1 **Long term effects of reproductive history on female mortality in rural Senegal / L'effet à long terme de la vie reproductive sur la mortalité des femmes en milieu rural sénégalais** • **Géraldine Duthé**, *Institut National d'Études Démographiques (INED)*; **Emmanuelle Guyavarch**, *Institut National d'Études Démographiques (INED)*; **Ekoué Kouévidjin**, *Institut de Recherche pour le Développement (IRD)*; **Raphael Laurent**, *Institut National d'Études Démographiques (INED)*; **Adama Marra**, *Institut de Recherche pour le Développement (IRD)*; **Pascal Arduin**, *Institut de Recherche pour le Développement (IRD)*; **Gilles Pison**, *Institut National d'Études Démographiques (INED)*
- 2 **Research methodologies on the health of the elderly in sub-Saharan Francophone Africa: How can the Quebec experience be useful? / Méthodologie de recherche sur la santé des personnes âgées en Afrique Subsaharienne francophone : à quoi peut servir l'expérience du Québec ?** • **Mahamane Ibrahima**, *Université de Montréal*; **Jacques Légaré**, *Université de Montréal*

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- 3 Analyzing the determinants of adult mortality in a biographic multi-level perspective: Results from DHS Surveys / Analyser les déterminants de la mortalité adulte dans une perspective biographique multi-niveaux : l'apport des enquêtes EDS • Bruno Masquelier, *Université catholique de Louvain*
 - 4 Sibship size and mortality in Africa: Evidence from the DHS / La taille de "sibship" (frères et sœurs) et la mortalité en Afrique: l'apport des enquêtes EDS • Andrew Noymer, *University of California, Irvine*; Ndola Prata, *University of California, Berkeley*
 - 5 Evaluating the performance of the InterVA Model for determining AIDS mortality in the adult population of Addis Ababa. / Evaluer la performance du "Modèle Inter VA" pour la détermination de la mortalité du SIDA chez la population adulte d'Addis Ababa • Biruk Tessema Tensou, *Addis Ababa Mortality Surveillance Project*; Tekebash Araya, *Addis Ababa University*

Friday December 14 / Vendredi 14 Décembre, 10:45 - 12:45

Kagera -

93 EVIDENCE OF MALTHUSIAN PRESSURES IN SUBSISTENCE FARMING POPULATION, WATERSOURCES / EVIDENCE DE LA PRESSION MALTHUSIENNE S'EXERÇANT AUSSI BIEN SUR LES POPULATIONS VIVANT DE CULTURES DE SUBSISTANCE QUE SUR LES SOURCES D'EAU

Chair / Président(e): Maurice C.Y. Mbago, *University of Dar es Salaam*

Discussant / Discutant: Julius Kiveli, *University of Dar es Salaam*

- 1 Examining the inter-linkages of population growth, poverty and natural resources in Tanzania / Examiner les inter-relations de la croissance de la population, de la pauvreté et des ressources naturelles en Tanzanie • Ayoub S Ayoub, *University of Nevada, Las Vegas*
 - 2 Population and other determinants of food crop production in the dry and derived savannah zones of Ghana / Population et autres déterminants de la production des cultures agricoles alimentaires dans les zones sèches et démunies de la savane au Ghana • Samuel N.A Codjoe, *University of Ghana*
 - 3 Non Malthusian perspectives on population and development in Latin America and Africa / Perspectives non malthusiennes sur population et développement en Amérique Latine et en Afrique • Ezana E. Habte-Gabr, *Universidad de La Sabana*
 - 4 The status of population, health, and environment integration and cross-sectoral collaboration in Kenya / La situation de l'intégration de la population, de la santé et de l'environnement: la collaboration trans-sectorielle au Kenya • Francis Mwaura; Karugu Ngatia, *National Coordinating Agency for Population and Development*
 - 5 Population growth and agriculture development in India: A discourse on Malthusian pressures in India / Croissance de la population et le développement de l'agriculture en Inde: un discours sur les pressions malthusiennes en Inde • Dayanand G. Satihal, *Population Research Centre, Institute of Economic Research, Dharwad*; Lakshmana d Vaikunthe, *Karnatak University, Dharwad*; Pradeep Kumar Bhargava, *Population Research Centre, Dharwad, India*
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Friday December 14 / Vendredi 14 Décembre, 12:45 - 14:15

Karafuu Lobby -

P-4 POSTER SESSION 4 / SÉANCE POSTERS 4

Chair / Président(e): **Nyovani Madise**, *University of Southampton*

- 1 **Scolarisation des filles dans l'enseignement de base et risque de tensions sur le personnel et les infrastructures scolaires au Bénin : Klouékanmey un exemple typique** • **Alphonse M. Affo**, *Centre de Formation et de Recherche en matière de Population (CEFOP)*; **Léonie Tovo**, *ONG*
- 2 **Perceptions, knowledge and health seeking behaviour about danger signs in pregnancy among women of reproductive age in Ife-Ijesha zone, Nigeria** • **Abiola Alabi**, *Obafemi Awolowo University*
- 3 **Urbanization and childhood mortality in Nigeria** • **Diddy Antai**, *Karolinska Institutet*; **Gebrenegus Ghilagaber**, *Stockholm University*; **Joaquim Soares**; **Gloria Macassa**, *Karolinska Institutet*
- 4 **The importance of parents for access to education: Findings from South Africa** • **Solveig Argeseanu Cunningham**, *Emory University*; **Victoria Hosegood**, *London School of Hygiene and Tropical Medicine*; **Christopher R Cunningham**, *Syracuse University*; **Caterina Hill**, *Africa Center for Health and Population Studies*
- 5 **Impact of ART rollout on sexual and fertility behaviour in Uganda** • **John Bosco Asimwe**, *Makerere University*
- 6 **African women, employment and fertility behavior** • **Farah Asna-Ashari**, *Ministry of Education, Iran*
- 7 **Crèche facilities and working (nursing) mothers in Akure southwest Nigeria** • **Omotosho Babatunde**, *University of Ado-Ekiti*
- 8 **L'échec scolaire : réalités et enjeux : Coup de projecteur sur le cas guinéen** • **Alhassane Balde**, *Université de Paris V*
- 9 **Statuts d'orphelin et de travailleur chez les enfants en RCA : Analyse de la situation et recherche des déterminants** • **Antoine Banza-Nsungu**, *Institut de Formation et de Recherche Démographiques (IFORD)*
- 10 **Communities assuming responsibility for their own health care** • **Dina Bebawi**, *Pathfinder International*; **Gamal El Khatib**, *Pathfinder International*; **Andy Cole**, *Pathfinder International*; **Shahira Hussein**, *Pathfinder International*
- 11 **La situation des enfants orphelins du sida en matière de scolarisation en Afrique: le cas du Burkina Faso** • **Esther Belemwidougou**, *Université de Paris X, Nanterre*
- 12 **Using vouchers to pay for performance and reach the poor: The Kenyan Safe Motherhood initiative** • **Ben Bellows**, *University of California, Berkeley*; **Richard Muga**, *National Coordinating Agency for Population and Development, Kenya*; **Francis Kundu**, *National Coordinating Agency for Population and Development, Kenya*; **Julia Walsh**, *University of California, Berkeley*; **Malcolm Potts**, *University of California, Berkeley*
- 13 **Women's health behavior in Ghana: Effects of education, residence, lineage, self-determination and social support networks** • **John Boateng**, *Pennsylvania State University*; **Constance Flanagan**, *Pennsylvania State University*
- 14 **La mortalité infantile et juvénile en Algérie** • **Ouzriat Boualem**, *Association Maghrebine pour l'Etude de la Population AMEP, section Algérie*
- 15 **La déperdition des soins prénatals au Tchad** • **Franklin Bouba Djourdebbe**

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- 16 **Inégalités régionales de mortalité infantile en Tunisie** • **Ibtihel Bouchoucha**, *Université de sciences humaines et sociales de Tunis*; **Jacques Vallin**, *Institut National d'Études Démographiques (INED)*
 - 17 **Uganda family planning programs: Lessons from the field** • **Paige A Bowen**, *Minnesota International Health Volunteers*; **Jolene Mullins**; **Laura Ehrlich**, *Minnesota International Health Volunteers*; **Diana Dubois**, *Minnesota International Health Volunteers*
 - 18 **Reproductive risk: A 2007 assessment** • **Nada Chaya**, *Population Action International*; **Sarah Haddock**, *Population Action International*
 - 19 **Re-examining living standards and childhood mortality in Malawi** • **Henry V Doctor**, *University of the Western Cape*
 - 20 **Population dynamics, poverty and child well-being in Africa: Comparative evaluation of the impact of population dynamics and poverty on the status of vulnerable children in Africa, the case of Khartoum, Sudan** • **Yasir Elmubarak**, *University of Gezira, Sudan*
 - 21 **Child malnutrition in Cameroon: Does legitimacy of birth matter?** • **Jacques Emina Be-Ofuriyua**, *African Population and Health Research Center (APHRC)*
 - 22 **Unaccompanied minors from Morocco, migrating from the rural areas to Tangier to try to reach the European shores** • **Nuria Empez**, *Universitat Autònoma de Barcelona*; **Alejandro Muñoz**, *Independant Consultant*
 - 23 **Les fistules obstétricales : Etat des lieux au grand nord Cameroun. Connaissance, attitude, perception, comportement et vécu quotidien** • **Sebastien Mveing**, *Institut National de la Statistique du Cameroun*; **Félicien Fomekong**, *Institut National de la Statistique du Cameroun*
 - 24 **Economic inequality in preventive maternal and child health care: A study of rural India** • **Avishek Hazra**, *International Institute for Population Sciences (IIPS)*; **Debabrata Bera**, *International Institute for Population Sciences (IIPS)*; **Puspita Datta**, *International Institute for Population Sciences (IIPS)*
 - 25 **The youth carry the burden of poverty is only that they do not know coz they depend on their parents / friends** • **Oluoch Isaac**
 - 26 **Maternal health care seeking behaviour in Rwanda** • **Anuja Jayaraman**, *Macro International Inc.*; **Tesfayi Gebreselassie**, *Macro International Inc.*; **S. Chandrasekhar**, *Population Council & Indira Gandhi Institute of Development Research*
 - 27 **Using the DHS to monitor the well-being of South Africa's older persons** • **Jané Joubert**, *Medical Research Council of South Africa*; **Debbie Bradshaw**, *Medical Research Council of South Africa*; **Beatrice Nojilana**, *Medical Research Council of South Africa*; **Lindiwe L Makubalo**, *South African Department of Health*
 - 28 **Mortalité maternelle à Kinshasa: Itinéraires thérapeutiques et accès aux soins obstétricaux dans les structures de référence** • **Eugénie Kabali Hamuli**, *Université Catholique de Louvain*
 - 29 **Les facteurs de la prise en charge médicale de la grossesse et de l'accouchement au Burkina Faso.** • **Mahamoudou Kabore**
 - 30 **Will young Africa survive the impact of ageing Europe? Analysis of the uncertainty** • **Lwechungura C Kamuzora**, *University of Dar es Salaam*
 - 31 **Gender dimension of poverty and the Millennium Development Goals in Namibia** • **Maria Bernadethe Kaundjua**, *University of Namibia*
 - 32 **Middle Africa is demographically trapped** • **Maurice King**, *Leeds University*
 - 33 **Household environment's association with math and reading test scores in Ghana** • **Pearl Kyei**, *University of Pennsylvania*
 - 34 **Using the Bongaarts model in explaining fertility decline in Urban areas of Uganda** • **Yovani Moses A Lubaale**, *Makerere University*; *Institute of Statistics and Applied Economics, ISAE*; **Joseph B Kayizzi**, *Makerere University*
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- 35 **Amélioration de la santé maternelle et infantile : l'expérience d'une intervention communautaire au Burkina Faso** • Abdoulaye Maïga, *Université de Ouagadougou*; Banza Baya, *Université de Ouagadougou*; Gabriel Sangli, *Université de Ouagadougou*
- 36 **"But what happens to the poor?"- Economic inequality in preventive aspects of maternal and child health care in rural Nigeria** • Sumit Mazumdar, *International Institute for Population Sciences (IIPS)*; Papiya Guha Mazumdar, *International Institute for Population Sciences (IIPS)*
- 37 **Differentials in treatment seeking for common childhood illnesses in Tanzania: Does economic status matter?** • Sumit Mazumdar, *International Institute for Population Sciences (IIPS)*; Papiya Guha Mazumdar, *International Institute for Population Sciences (IIPS)*
- 38 **Le VIH Sida et le travail des enfants au Congo Brazzaville** • Eric Armel Mbalamona, *Centre d'études et de recherche sur les analyses et les politiques économiques (CERAPE)*
- 39 **Les Déterminants de la déscolarisation des filles à Yaoundé (Cameroun).** • Louise Moyo; Samuel Kelodjoue, *Université de Dschang*
- 40 **Factors affecting the chance mechanism of maternal deaths in Africa** • Dilip C. Nath, *Gauhati University*
- 41 **Income inequality in South Africa: The possible negative effects of decreasing discrimination** • Emily Nix
- 42 **Fancy things, education and variability in self-reported morbidity: The case of adult women in Accra, Ghana** • Maame Nketsiah, *Harvard School of Public Health*
- 43 **Managing migration in Sub-Saharan Africa with particular reference to Ghana** • Michael Kofi Nsiah, *Sunyani Polytechnic*
- 44 **Les inégalités dans l'accès aux soins de santé maternelle au Gabon** • Nicole Ntsame Ondo; Edwige Nfoume Ella, *Direction Générale de la Statistique et des Etudes Economiques (DGSEE)*
- 45 **Evaluating four approaches to community-based programming for orphans and vulnerable children in Kenya and Tanzania** • Florence Nyangara, *Constella Futures/MEASURE Evaluation*; Minki Chatterji, *Mathematica Policy Research, Inc.*; Tonya Thurman, *Tulane University*; Timothy Wakabi, *Axios Foundation*; Zaharani Kalungwa, *Axios Foundation*; Lawrence Ikamari, *University of Nairobi*; Nana Koran, *Tulane University*; Kathy Buek, *Futures Group Europe*
- 46 **How are the children? Community-based approach to monitoring and evaluation of child well-being in Sub-Saharan Africa** • Florence Nyangara, *Constella Futures/MEASURE Evaluation*; Karen O'Donnell, *Duke University*; Robert Murphy, *Duke University*; Beverly Nyberg
- 47 **Exploring the link between non-marital childbearing and entry into conjugal unions among South African women: Competing alternatives?** • Nompumelelo Nzimande, *University of KwaZulu-Natal*
- 48 **The social and economic determinants of maternal morbidity and mortality in Nigeria** • Olasupo P Ogunjuyigbe, *Obafemi Awolowo University*; Tunde Liasu, *Obafemi Awolowo University*
- 49 **Socio-cultural factors that determine actions that constitutes elder abuse among Nigerians** • Uzoma O Okoye, *University of Nsukka, Nigeria*; Pepertua L Tanyi, *University of Nsukka, Nigeria*
- 50 **Adolescents transition: The challenges and the way out (the African perspective)** • Olukunle Omotoso, *University of Ibadan*
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- 51 **Fertility levels, trends, and differentials in Kenya: How does the own children method add to our knowledge of the transition?** • Collins Opiyo, *University of Pennsylvania*; Michael Levin, *Harvard University*
 - 52 **Croissance de la population en Afrique et ses liens avec la pauvreté. Cas de la scolarisation universelle en 2010 en Mauritanie?** • Ahmede Ould Dih, *Ministère de l'Economie et des Finances*
 - 53 **Determinants of fertility decline in Malawi: An analysis of the proximate determinants** • Martin E. Palamuleni, *North-West University, South Africa*
 - 54 **Changing age-sex structure in selected African countries and their implication on socio-economic development, 1950-2030** • Martin E. Palamuleni, *North-West University, South Africa*; Moses Kibet, *North-West University, South Africa*
 - 55 **Levels, Patterns and Determinants of Marital Fertility among Low Contraceptive Communities of Southern Ethiopia: Experience of Resistant to Fertility Decline** • Nigatu Regassa, *Hawassa University*
 - 56 **Fostering children orphaned by AIDS in contemporary Uganda** • China R Scherz, *University of California, San Francisco*
 - 57 **Pauvreté, Santé et Gouvernance territoriale** • Abdoulaye Tall, *Ministère du Plan et du Développement Durable*
 - 58 **Maternal health care in five Sub-Saharan African countries** • Emmanuel O. Tawiah, *University of Ghana*
 - 59 **Child mortality and socioeconomic differentials: An analysis of disparities by migration status** • Kevin J A Thomas, *Pennsylvania State University*

Friday December 14 / Vendredi 14 Décembre, 14:15 - 16:15

Mbayuwayu -

- 95 **DEBATE ON POPULATION GROWTH IN AFRICA. ORGANISED BY THE IUSSP PANEL ON AFRICAN POPULATION GROWTH AND HUMAN WELFARE / DÉBAT DE L'UIESP SUR L'EXPANSION DÉMOGRAPHIQUE EN AFRIQUE**

Chair / Président(e): Kefiloe Masiteng, *Statistics South Africa*

- 1 **Population growth is a scourge** / La croissance de la population est un fléau • Patience Stephens, *United Nations*
- 2 **Population growth is a blessing** / La croissance de la population est une aubaine • Francis Nii-Amoo Dodoo, *Pennsylvania State University*

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Tausi -

- 96 **INFLUENCES ON WOMEN'S REPRODUCTIVE LIVES / INFLUENCES SUR LES VIES REPRODUCTRICES DES FEMMES**

Chair / Président(e): Joanna Crichton, *African Population and Health Research Center (APHRC)*

Discussant / Discutant: Rose Nathan Lema, *Ifakara Health Research and Development Centre*

- 1 **Women's Self-Perception of Autonomy in the Context of AIDS** / La perception des femmes de l'autonomie dans le contexte du SIDA • Kim Deslandes, *Université de Montréal*
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- 2 **The prevalence of covert use of contraception in Adama Town** / Prédominance de l'utilisation secrète de la contraception dans la ville d'Adama • **Biruk Tessema Tensou**, *Addis Ababa Mortality Surveillance Project*; **Assefa Hailemariam**, *Addis Ababa University*
 - 3 **The influence of government policies and other factors on the reproductive lives and rights of women in some selected francophone African countries** / L'influence des politiques du gouvernement et d'autres facteurs sur la vie et les droits reproductifs des femmes dans certains pays francophones africains sélectionnés • **Princy Yesudian**, *International Institute for Population Sciences (IIPS)*
 - 4 **Community based social units: The experience of Wilaya de Bourmerdes, Algeria** / **Cellule de proximité sociale: Expérience de la wilaya de Boumerdès, Algérie** • **Fatima Abadlia**, *Caisse Nationale des Assurances Sociales (CNAS), Algeria*

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Themi -

97 GENDER INEQUITIES AND MDGS / INÉGALITÉS DE GENRE ET LES OMD

Chair / Président(e): **Amson Sibanda**, *United Nations*

Discussant / Discutant: **Israel S Sembajwe**, *United Nations*

- 1 **Gender equality in South Africa: The foundation of achieving the MDGs** / L'égalité du genre en Afrique du Sud, base pour atteindre les OMD • **Olga Masebe**, *Statistics South Africa*
- 2 **Bridging the gender inequality gap: concretizing the millennium development goals** / Réduire le fossé de l'inégalité du genre: concrétiser les Objectifs du Millénaire pour le Développement • **Ethelbert Nwokocha**, *University of Ibadan*
- 3 **Gender equality, human development and demographic trends: are they (jointly) evolving in the right direction?** / L'égalité du genre, le développement humain et les tendances démographiques: Evoluent-ils ensemble dans la bonne direction? • **Ignacio Permanyer**, *Universitat Autònoma de Barcelona*; **Montse Solsona**, *Universitat Autònoma de Barcelona*
- 4 **"Women's property rights and gendered policies: Implications for women's long-term welfare in rural Tanzania"** / Les droits à la propriété des femmes et des politiques relatives au genre: les effets à long terme pour la santé et la richesse en le milieu rural de la Tanzanie • **Amber Peterman**, *University of North Carolina at Chapel Hill*

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Twiga -

98 EMERGING AND RE-EMERGING DISEASES (E.G. MALARIA, TUBERCULOSIS ETC) / LES MALADIES ÉMERGENTES ET RÉSURGENTES (EX. LE PALUDISME, LA TUBERCULOSE ETC.)

Chair / Président(e): **Bocar Kouyate**, *Centre National de Recherche et de Formation sur le*

Discussant / Discutant: **Ye Yazoume**, *African Population and Health Research Center (APHRC)*

- 1 **Differential and determinants of prevention and treatment of malaria in Nigeria: A multilevel spatial analysis** / Déterminants et différentiels de prévention et traitement du paludisme au Nigeria: une analyse spatiale multi niveau • **Papiya Guha Mazumdar**, *International Institute for Population Sciences (IIPS)*; **Sumit Mazumdar**, *International Institute for Population Sciences (IIPS)*
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- 2 **Malaria in children: Implications on productivity and population growth in Nigeria** / Le paludisme des enfants: les implications sur la productivité et la croissance de la population au Nigeria • **Douglas G. Omotor**, *Department of Economics, Delta State University, Abraka, Nigeria*; **Augustus O Atubi**, *Delta State University*
 - 3 **Assessing the risk of self-diagnosed malaria in urban informal settlements of Nairobi using self-reported morbidity survey** • **Yazoumé Yé**, *African Population and Health Research Center (APHRC)*, **Elizabeth Kimani-Murage**, *African Population and Health Research Center (APHRC)*, **John Kebaso**, *African Population and Health Research Center (APHRC)* and **Frederick Mugisha**, *African Population and Health Research Center (APHRC)*
 - 4 Use of insecticide-treated clothes for personal protection against malaria: a community trial, • **Elizabeth W Kimani**, *African Population and Health Research Center (APHRC)*, **John M Vulule**, *Kenya Medical Research Institute (KEMRI)*, **Isabel W Kuria**, *Care International Kenya*, and **Fredrick Mugisha**, *African Population and Health Research Center (APHRC)*

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Manyara -

99 HOUSEHOLD AND FAMILY INFLUENCES ON ADOLESCENT SEXUALITY / INFLUENCES DU MÉNAGE ET DE LA FAMILLE SUR LA SEXUALITÉ ADOLESCENTE

Chair / Président(e): **Kofi Awusabo-Asare**, *University of Cape Coast*

Discussant / Discutant: **Ann E. Biddlecom**, *Guttmacher Institute*

- 1 Communication between parents and children on RH/HIV/AIDS issues in Senegal / La communication entre les parents et les enfants en matière de SR/VIH/SIDA au Sénégal • **Alioune Diagne**, *Institut de Recherche pour le Développement (IRD)*; **Nafissatou Diop**, *Population Council*
- 2 **The effects of household disruption on the risk-taking behaviors of South African young people** / Les effets de la perturbation des ménages sur les comportements à risque des jeunes gens de l'Afrique du Sud • **Susan M Lee-Rife**, *University of Michigan*
- 3 The impact of parents' conjugal choices, its effects on generations and the household size at the entry into sexuality / Impacts de l'environnement familial sur l'entrée en sexualité des adolescents au Burkina Faso • **Yode Miangotar**, *Université de Montréal*
- 4 **Effects of family structures in childhood and adolescence on first intercourse in an African context** / Les effets des structures familiales de l'enfance et de l'adolescence sur le premier rapport (sexuel) dans un contexte africain • **Zacharie Tsala Dimbuene**, *Université de Montréal*; **Barthelemy D. Kuate**, *Université de Montréal*

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Kagera -

100 HUMAN CAPITAL NEEDS FOR ACHIEVING MDGS IN AFRICA / BESOINS EN RESSOURCES HUMAINES POUR ATTEINDRE LES OMD EN AFRIQUE

Chair / Président(e): **Kasirim Nwuke**, *United Nations Economic Commission for Africa (UNECA)*

Discussant / Discutant: **Alex Ezech**, *African Population and Health Research Center (APHRC)*

- 1 **The impact of health workers on health outcome across sub-national units in South Africa.** / Impact des travailleurs de la santé sur les résultats des services de santé dans les unités sous-régionales de l'Afrique du Sud • **Yohannes Kinfu**, *World Health Organization (WHO)*
- 2 **A community empowerment success story: Nigerian communities taking action to improve health and education** / Succès de habilitation d'une communauté : des communautés nigérianes agissent pour améliorer la santé et l'éducation • **Ma-Umba Mabiala**, *COMPASS Project*; **Marcie Rubardt**, *International Health Consultant*
- 3 **Population dynamics and human development index in selected African countries: trends and levels** / La dynamique de population et l'indice de développement humain dans des pays africains sélectionnés : tendances et niveaux • **Nader Motie Haghsheenas**, *Population Studies and Research Center for Asia and the Pacific*; **Arezou Sayadi**, *Regional Center for Population Research and Studies in Asia and the Pacific*; **Nahid Salehi**, *Regional Center for Population Research and Studies in Asia and the Pacific*; **Sahel Taherianfard**, *Population Studies and Research Center, Iran*
- 4 **Decomposing the progress of child nutrition related Millennium Development Goals (MDGs) for sub-Saharan Africa (SSA): Importance of socioeconomic inequality, education and nutrition interventions** / Décomposer les progrès réalisés en nutrition des enfants au niveau des objectifs du millénaire pour le développement (OMD) en Afrique subsaharienne: l'importance de l'inégalité socio-économique, de l'éducation et des interventions en nutrition • **Monika S Sawhney**, *Tulane University*; **Mahmud Khan**, *Tulane University*
- 5 **Women informal employment and economic development in Africa: Opportunities and challenges** / Emploi informel des femmes et le développement économique en Afrique: les défis et les opportunités • **Arezou Sayadi**, *Regional Center for Population Research and Studies in Asia and the Pacific*; **Nahid Salehi**, *Regional Center for Population Research and Studies in Asia and the Pacific*; **Sahel Taherianfard**, *Population Studies and Research Center, Iran*; **Nader Motie Haghsheenas**, *Population Studies and Research Center for Asia and the Pacific*

Friday December 14 / Vendredi 14 Décembre, 14:15 - 16:15

Mbuni -

101 SIDE MEETING: UNECA / SÉANCE SPÉCIALE DE L'UNECA

Chair / Président(e): **Youssif Hassan**, *United Nations Economic Commission for Africa (UNECA)*

Friday December 14 / Vendredi 14 Décembre, 16:30 - 18:30

Simba -

102 CLOSING CEREMONY / CÉRÉMONIE DE CLOTURE

ABSTRACTS / RÉSUMÉS

3a. REPRODUCTIVE HEALTH AND HIV/AIDS:

MINISTRY OF EDUCATION AND VOCATIONAL TRAINING (MOEVT) EXPERIENCES

By Dr. Laetitia Sayi

HIV is a reality not only in Tanzania but globally. It affects mostly the sexually active group most of who are youths between the ages 15 to 49. Reproductive Health (RH) and HIV/AIDS education are considered as important interventions. Consequently, the MOEVT implements RH and HIV/AIDS programme in schools using a multi-sectoral concept since 1991. MOEVT has undertaken four interventions in implementing RH and HIV/AIDS as follows: class teaching of skill based AIDS education topics, use of peers, Approach, use of teacher counsellors, and use of school counselling and AIDS Education Committees. Other approaches for supporting the implementation of the programme include the Family Life Education (FLE) and Prevention and Awareness in schools of HIV/AIDS (PASHA). These programmes target at addressing issues around sexual and reproductive health and HIV prevention in schools. This paper highlights challenges faced.

MONITORING HIV AMONG HIGH RISKS POPULATIONS IN ZANZIBAR-TANZANIA

By Mohammed J.U. Dahoma and Ahmed Mohammed Khatib

Zanzibar has been documenting a concentrated type of HIV epidemic. Recent surveys have revealed high HIV prevalence among substance users (SU) and among the pregnant women. Thus the national guiding tools underpinned the need to monitor high risk population. Monitoring aims at addressing some factors linking to the fuelling up of the HIV epidemic to the general population. Three studies were designed to monitor a series of HIV and other sexually transmitted infections (STI) using behavioural surveillance studies in three hard to reach and most at risk populations in the islands of Unguja and Pemba using Respondent Driven Sampling (RDS). Lessons learned from these studies include: infiltration of intravenous drug users in some chains, high mobility and reluctance to participate among selected risk groups, substance users crowded the ZACP office and overwhelmed the staff capacity, SU purchased coupons for monetary incentive, and SU harassed and tormented 'gay' MSM on site.

OVERVIEW OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN TANZANIA

By Dr. Catherine Sangwa

Tanzania has committed to a process of fundamental change in the National Policy and institutional arrangements, including reforms in the health sector. In the Health Sector, reform is designed to improve the health status of the population. In 2000, the Ministry of Health developed the National Package of Essential Health Interventions (NPEHI) which include reproductive and child health services. Tanzania is also committed to international and regional declarations and action plans that deal with reproductive health. Despite these initiatives, data related to RH services does not show significant improvements. TFR is still high (5.7), and the CPR is still low (20%). Also, maternal mortality is unacceptably high (578/100,000) and infant and under-five mortality rates are 112 and 68/1000. Main constraints in implementing reproductive health services include limited human resources and equipment, whereas main challenges include socio-cultural factors.

EMERGENCY OBSTETRIC CARE BEYOND THE HOSPITAL LEVEL IN KIGOMA RURAL DISTRICT, TANZANIA

By Dr. Dismas Vyagusa

Kigoma Rural is one of the four districts in Kigoma Region located in the eastern part of the region, along the Lake Tanganyika. Most of the areas are rural and remote with difficult accessibility to health care. There is no district hospital, it has five health centers and 66 Dispensaries. The district has acute shortage of staff and either auxiliaries or nurses serve 34% of health units. Maternal deaths in the district are high. The paper highlights experiences of the district in handling emergency obstetric care in terms of strategies and challenges faced.

ATTITUDES OF STUDENTS IN INSTITUTIONS OF HIGHER LEARNING ON CONDOM USE AS PREVENTIVE GADGET FOR HIV INFECTION

By Dr. Mary Kitula

The study investigated on attitudes of youth on condom use in higher learning institutions in preventing HIV infection. HIV prevalence rate among youth is highest despite high rate of knowledge and awareness of over 90%. Yet, their rate of condom use is below 20%. Condoms are free of charge in institutions. It remains a puzzle, why these learned youth, do not use condoms. Attitude was assumed a possible causal factor. This led to the study, which involved four institutions and 211 respondents. Interview and focus group discussions were used to collect data. The findings reveal that: embedded norms and values in their way of thinking and perception, religious teachings and size of condoms, has led to their negative attitude towards condom use. The study recommends to: sensitize youth on the importance of condom use against HIV infection, address condom size aspect, and increase access to condoms.

3b. MIGRATION AND URBANIZATION

RURAL-URBAN MIGRATION, URBANISATION AND POVERTY IN TANZANIA: A CASE OF KONDOA DISTRICT

By Dr. I. B. Katega Institute of Rural Development Dodoma

This paper examines the linkages between rural-urban migration, urbanization and poverty in Kondoa District, Tanzania. A total of 600 rural and urban households were sampled. The study has established that the rural-urban migration exists in Kondoa District and is linked to poverty in rural areas. The major reason of migrating to urban is low income realized from rural economic activities. In urban areas migrants are engaged in petty businesses in the informal sector. Migrants encounter a number of problems, such as lack of accommodation but their earnings are adequate for their daily needs and fairly higher than the income they used to earn in their areas of origin. There is a need for the Government and other development agencies to respond to the challenges of rural-urban migration.

THE IMPACT OF MIGRATION IN MOSHI RURAL DISTRICT, TANZANIA

By Lulazabeth Jackson Kitali Geography Department

University of Dar es Salaam

The study examines the impact of rural-urban migration on socio-economic development in Moshi Rural District, Kilimanjaro region. Using quantitative and qualitative data the study found that out-migration is due to search for better livelihood, employment opportunities, land shortage and

marriages. Rural-urban migration leads to impacts such as monetary remittances and construction of infrastructure such as roads, schools, health centres and social welfare centres. Also it deprives rural areas of young productive labour force, loneliness and being overburdened with responsibilities. Moreover, the absence of spouses leads to marriage instabilities and weakening of traditional norms. Out-migration leaves only the old people to manage water sources leading to the decline of traditional irrigation systems. People cope up with out-migration by agricultural diversification and conducting non-agrarian activities such as petty trade.

THE RAPID GROWTH OF TOWNS AND MIGRATION IN TANZANIA: A CASE STUDY OF BABATI TOWN

By Josephine Lawi

University of Dar es Salaam

This study examines the rapid growth of Babati town which in turn leads to urban problems largely associated with migration. The methods used in data collection were interview, observation and group discussion. The findings of the study reveal that rural hardship and seeking of better employment opportunities were the major reasons for migration in urban areas and most migrants were of middle ages. Moreover, increased rate of rural-urban migration exacerbates the existing urban problems such as inadequate clean water supply, poor sanitation, poor health services, street children, child labour, and unemployment. It is recommended that rural areas should not be neglected in terms of socio-economic and technological development in order to reduce the influx of people from rural to urban areas. It is also recommended that both the community and Government should be responsible on reducing the increase of urban problems.

UPROOTED AND MARGINALIZED PEOPLE IN TANZANIA: A CASE STUDY OF MAASAI IN URBAN AREA

By Prof. Milne J.Mbonile Geography Department

University of Dar es Salaam

Mr. Elias M.Nagol

Bordeaux III University France

Both socio-economic and environmental factors have been responsible for the creation of uprooted and marginalized people in Tanzania. The process involves a permanent or semi-permanent change of residence of individuals or groups of people who are economically or environmentally displaced. The concept of uprooted people in Tanzania appears to be new because logically this term was given to refugees. However, recent studies show that the invasion pastoralists land like the Maasai and Barabaig have squeezed them to drier marginal areas causing overgrazing and severe land degradation leading to poverty and heavy out-migration. Other groups of displaced or uprooted people are diffused such as street children, sex commercial workers, house girls/boys, beggars, widows, barmaids, casual labourers, squatters, elderly people, and retrenched workers. This paper examines challenges facing this group of people.

MIGRATION AND RAPID URBANISATIONS: CHALLENGES FACING ZANZIBAR TOWN

By Ghalib Omar Awadh

Migration has been one of the determinant factors of urbanization process in Zanzibar Town. Migration flows explain much of urban population growth in Zanzibar Town. The recent population census indicates the rate of increase of population in Urban West region (including Zanzibar Town) from 95,047 inhabitants in 1967 to 390,074 inhabitants in 2002 at growth rate of 4.6. The paper seeks to address firstly, the urbanization process and growth of population in Zanzibar town due to migration, secondly the challenges caused by rapid growth facing the Zanzibar Town. In addition the paper highlights issues of concern and the need for more study on the development of the town.

3c: GENDER AND POVERTY

COMMUNITY PARTICIPATION IN WATER RESOURCES AND SANITATION MANAGEMENT IN TANZANIA: A CASE STUDY OF LINDI REGION

By G. M Naimani and V. I. Ngomuo Department of Statistics University of Dar es Salaam and Rwegarulila Water Resource Institute

Community participation in water scheme's management through village committee has significant influence on functioning of water schemes that promote sustainable water supply within the community. Proper maintenance of water schemes in terms of trained technicians and availability of facilities ensures the provision of safe water for domestic purposes. However, activities near the water sources contaminate the water supply leading to water borne diseases. Proper education to the communities on the protection of water sources and routes might lead to high quality and sustainable water supply. Water quality and quantity are the major factors that need to be observed when looking at sustainable water supply. In rural areas it is the responsibility of the communities to form water committees in order to oversee the functioning of water schemes and hence reduce scarcity. The study has shown that inclusion of women in water scheme management raises water supply in rural areas.

CONCEPTUALISING GENDER AND POVERTY ERADICATION IN TANZANIA

By Rehema Mwateba and USU Mallya

Poverty does not only involve the lack of necessities of material wellbeing, but the denial of opportunities and choices most basic to human development for one to lead a long healthy, creative life, to enjoy decent standards of living, freedoms, dignity, self respect and respect to others. Efforts towards addressing poverty have been the agenda of development in Tanzania since its independence. However, there is limited consistent conceptualization and application of gender analysis in eradication of poverty. This paper argues that causes and outcomes of poverty are heavily engendered and yet traditional conceptualisations consistently fail to delineate poverty's gender dimensions, resulting in policies and programmes which fail to improve the lives of poor women and their families. This paper highlights the importance of gender as a key concept in understanding poverty and a necessary approach for poverty eradication. The paper argues for the need for transformed poverty eradication discourse.

THE OUTCOME OF EFFECTIVE MULTIPLE INTERVENTIONS AGAINST MALARIA. THE ZANZIBAR EXPERIENCE

BY Mohamed Omary Mohamed

Malaria is a public health problem in Zanzibar. Recently there has been substantial reduction in malaria prevalence. The malaria pattern is rapidly changing from hyper/holo-endemic to hypo-endemic. The Long Term Malaria Strategic Plan (2004 -2008) was used as a key guiding tool. The overall objective is to reduce malaria morbidity and mortality by 70% from 2006 levels through multiple interventions. These include: system of surveillance to early detect malaria resurgence, use of ACT (Artemisinin- based Combination Therapy) for malaria case management, improvement of malaria diagnosis, free distribution of long lasting insecticidal nets (LLITNs) to the under five and pregnant women and people living with HIV/AIDS and indoor residual house spraying have contributed in reducing malaria cases in all health facilities, out and in patient departments. The results of the approach include: increased use of LLITNs, reduction of malaria cases and malaria parasites.

HIV/AIDS IMPACTS AND POVERTY TRAP IN RURAL TANZANIA: EMPIRICAL EVIDENCE FROM RUNGWE DISTRICT

By Adam Ben Swebe Mwakalobo

This paper offers empirical evidence on HIV/AIDS impacts on rural household poverty in Rungwe District, Tanzania. Probit model is estimated to predict the odds of the households' falling into poverty trap due to HIV/AIDS impacts. The paper shows which factors play key role in explaining the probability of a household falling above or below the poverty line. The findings reveal that HIV/AIDS made a significant contribution to the probability of households falling below the poverty line. The higher the number of AIDS deaths, the more likely the household is to fall below the poverty line. The paper urges policy-makers to consider different factors explaining the odds of the household falling in and out of the poverty trap. Also comprehensive research needs to be carried out to assist policy-makers, community-based organizations and other stakeholders involved in mitigating HIV/AIDS impacts, the spread of HIV/AIDS and poverty reduction.

GENDER RELATIONS AMONG SMALL SCALE TOBACCO PRODUCERS IN URAMBO DISTRICT, TABORA REGION, TANZANIA

BY Mbwapbo Jonathan Stephen, Matata, L. W.M and Lyimo-Macha J.G.

The study evolved out of a need for increased insight into gender differences regarding access to and control over land and other resources at the household level. Therefore the main objective of this study was to assess gender relations, among small-scale tobacco producers in Urambo district. More specifically the study determined gender division of labour in the tobacco industry in Urambo district; access and control over resources and benefits for women and household decision making dynamics among men and women involved in Tobacco industry using Urambo district as a case study. Using questionnaire survey, focused group interview and Harvard Analytical Framework the study shows gender relations in production and marketing of tobacco. The study concludes that while women are seen to be involved in the production of Tobacco, they have limited ability to decide over household issues.

3d. ENVIRONMENT

THE INFLUENCE OF POPULATION PRESSURE ON RESOURCES DEGRADATION IN ZANZIBAR

By Hamd, A. J and Juma, S.M

Population is rapidly increasing in Zanzibar, which increases pressure of using the available natural resources. This paper analytically looks at the extent of environmental resources degradation in Zanzibar as accelerated by the population increase. Resources such as, forests, fishes, sand, groundwater and agricultural land are on high pressures on the entire community of Zanzibar due to population increase. A high population growth rate coupled with high population density in relation to a limited land area of the Islands, leads to the accelerating the rates of degradation of limited renewable and non-renewable natural resources. The paper looks at the degradation of resources as influenced by population increase that occurs in Zanzibar and focuses on forestry, fisheries, water, non-renewable natural resources, agricultural land and solid waste generation in Zanzibar Municipality.

POPULATION DYNAMICS AND LAND USE CHANGES IN TANZANIA: LESSONS FOR AGRICULTURAL GROWTH AND LAND DEGRADATION IN TANZANIA

By Mbwambo, J.S., Mwageni, E.A., Chingonikaya, E.E. and Mwakalobo, A.B.S.M.

Land is an important environmental and natural resource of a nation. Unfortunately, it is faced with increasing degradation manifested in the form of soil erosion and deforestation due to rapid population growth. Impacts of population dynamics are complemented by other factors like: changing production techniques, pattern of utilization of resources, industrialization, urbanization, life styles, rising aspirations and changes in the consumption patterns. The implication of population growth on land use changes has not been analyzed in recent years. Using statistical sources published by the World Bank and the Government of Tanzania the paper shows that since 1967: population density has increased more than three times, per capita arable land is reduced, dwindling working forces in rural areas. The paper recommends need for intensification of agricultural production in Tanzania, coupled with enhanced agricultural productivity through increasing extension services and rural infrastructures among others.

UNDERSTANDING THE POPULATION-ENVIRONMENT LINKAGES IN GLOBALIZED TANZANIA

By Dr. Davis Mwamfupe Dar es Salaam University College of Education

This paper examines how globalization has shaped the population-environment linkages in Tanzania. The discussion is premised on the understanding that environmental problems have increased human vulnerability and undermined their livelihoods. On the other hand, human action has been blamed for adverse environmental effects. While a focus on the internal population dynamics is inescapable, it is argued that external dynamics are equally important in shaping the population-environment linkages. In Tanzania, globalization has strained the capacity of the environment to sustain itself and exposed human dependence on the environment. It is argued that, environmental problems have outgrown the governance systems designed to solve them consequently adversely impacting on the population. Given its low level of technology and socio-economic development Tanzania bears the brunt of the adverse impacts of globalization on the environment. The paper concludes that population-environment linkages are dynamic and have spatial-temporal dimensions and these linkages are shaped by globalization.

POPULATION AND ENVIRONMENTAL DEGRADATION: SOME EXPERIENCES FROM TANZANIA

By R.Y.M. Kangalawe and J.G. Lyimo Institute of resource assessment, University of Dar es Salaam

Population growth and environmental degradation are closely linked. Increasing population has in many rural areas of Tanzania contributed to changes in land use/cover patterns, land fragmentation and livelihood insecurity. Increasing demand for food, energy and other environmental services, has contributed to expansion of agriculture and deforestation often leading to environmental degradation. Increased reliance on natural resources for rural livelihoods, subsistence nature of the agricultural sector, and limited economic opportunities in rural areas are among the factors leading to rural-rural and rural-urban migrations searching for better livelihoods. The high urban demand for food, biomass energy (charcoal and fuel wood) from rural areas have also contributed to rural deforestation and overall environmental degradation. This paper addresses the linkages between population and environmental degradation in Tanzania. It argues that effective implementation of development and resources management policies can lead to environmental sustainability even with growing populations. However, population planning is a crucial consideration.

4. UTILIZATION OF ANTENATAL SERVICES AMONG ADOLESCENTS IN WESTERN UGANDA / L'UTILISATION DES SERVICES PRÉNATALS CHEZ LES ADOLESCENTS DE L'OUEST DE L'UGANDA, LE CAS DE LA CIRCONSCRIPTION DE KABAROLE.

Jennifer A Kasabiiti

EMail: jkasabiiti@isae.mak.ac.ug

Adolescence is a period between childhood and adulthood characterized by emotional, biological and psychological changes; putting adolescents at risk of early marriage, unwanted pregnancies, sexual abuse and exploitation. Yet, analysis of related literature shows that despite their high proportions in developing countries, young people do not routinely seek appropriate sexual and reproductive health information and care due to varied constraints. In Uganda, young people constitute about 33% (ASRH, 2004) while 47.3% of the total population is below 15. Due to HIV/Aids epidemic, antenatal care uptake has been accorded less attention, contributing to high maternal mortality rates (33%), an issue of great concern for all developing countries with broad-based population pyramids (MOH, 2004). Using quantitative data and desk research, the study will attempt to identify and explain forecasted constraints to adolescent utilization of antenatal services in western Uganda as a way of improving overall adolescent maternal health.

4. EXPLAINING PERSISTENT HIGH FERTILITY IN UGANDA USING ETHNICITY: A CASE OF ITESOT AND BASOGA ETHNIC GROUPS / EXPLICATION DE LA PERSISTANTE HAUTE FÉCONDITÉ EN OUGANDA PAR L'APPARTENANCE ETHNIQUE: LE CAS DES GROUPES ETHNIQUES D'ITESOT ET DE BASOGA

Yovani Moses A Lubaale

EMail: ylubaale@isae.mak.ac.ug

The relationship between ethnicity and fertility has been studied in many countries particularly those of Western Europe, but little is known about Uganda. Uganda's population doubles in less than 25 years. In trying to understand why this population growth has remained high, this paper looks at how different ethnic groups behave in determining their fertility outcome. This paper looks at two ethnic groups namely the Basoga and Itesot. The Basoga have remained the third largest

ethnic group for over a century, with its proportion in relation to the entire population increasing. On the other hand, the Iteso were at one time the second largest ethnic group but have now become the fifth. Data sources were the 2002 Census and 2006 UDHS. Both direct and indirect methods of fertility estimation were used. In all the districts considered (where these ethnic groups) live side by side, the Ateso had a higher fertility than the Basoga.

4. TOBACCO USE BY YOUNG PEOPLE (ADOLESCENTS) IN UGANDAN HIGH SCHOOLS / L'UTILISATION DU TABAC CHEZ LES JEUNES (ADOLESCENTS) DES ÉCOLES SUPÉRIEURES DE L'UGANDA

Fredrick D Musoke

EMail: danimusoke@yahoo.com

The Global Youth Tobacco Survey is a school-based tobacco survey that focuses on adolescents aged 13 - 15 years and has been done in many countries of the world, including Uganda. The objectives of the survey were: to document and monitor the prevalence of tobacco use; assess students' attitudes, knowledge and behaviors related to tobacco-use and environmental tobacco smoke exposure, as well as youth exposure to prevention curriculum in school, and media messages aimed at preventing and reducing youth tobacco use. The survey was carried out in Kampala and five districts representing the rest of the country from March 22nd to April 4th 2007. A two-stage cluster sample design was used to obtain the sample of students from Senior One to Senior Three and a sample of 56 schools was drawn.

4. THE FERTILITY TRANSITION IN KENYA: A COMPARISON OF FACTORS IN THE TIMING OF SECOND AND THIRD BIRTHS. / LA TRANSITION DE LA FÉCONDITÉ AU KENYA: UNE COMPARAISON DES FACTEURS DANS LA PROGRAMMATION DE LA DEUXIÈME ET DE LA TROISIÈME NAISSANCE AU COURS DES PÉRIODES 1977-1989 ET 1991-2003

David Ojaka

EMail: david.ojaka@umontreal.ca

A number of studies have examined the Kenyan fertility transition using period measures. Yet, despite research findings on the importance of contemporary socio-economic context in the spacing of births, few have addressed it from the birth-interval perspective. Using the Cox regression model, this study compares the effects of selected covariates of transition from the first to the second conception - and from the second to third - during two periods in the transition. Data from the 1988/89 and 2003 Kenya Demographic and Health Surveys focus on two comparison periods: 1977-1989 (falling fertility) and 1991-2003 (reduced pace of fertility decline). Results, which test a number of hypotheses including the effects of region of residence, period of first and second birth, and child survival, suggest an association between rising infant mortality since the 1990s with the slowing down and leveling off in the transition. New family planning and post-partum activities are recommended.

4. LEVELS AND TRENDS OF EARLY CHILDHOOD MORTALITY IN KENYA: NEW ESTIMATES BASED ON THE OWN CHILDREN METHOD / NIVEAUX AND TENDANCES DE LA MORTALITÉ INFANTILE AU KENYA: NOUVELLES ESTIMATIONS BASÉES SUR LA MÉTHODE DE “OWN CHILDREN”

Collins Opiyo

EMail: copiy@sas.upenn.edu

Brass technique is widely used for estimating childhood mortality among Sub-Saharan African countries with limited and defective data. However, one fundamental assumption – of constant fertility – stands violated by the dramatic fertility declines recently witnessed in many of these countries, resulting in potentially biased estimates. This study provides new estimates of early childhood mortality using the own children method, based on Kenyan census data. The method uses the age distribution of surviving children, back-projecting them until the original number of children ever born is reproduced, and does not require any assumptions on the recent fertility patterns. The preliminary results underscore, inter alia, the method's ability to provide robust sub-national or real estimates. These can be plotted on GIS-based maps to identify “risky corridors” of survival. There is a great potential for overlaying the maps with other human development indicators as well, for purposes of planning and further research.

11. THE STALLING CHILD MORTALITY IN GHANA: THE CASE OF THREE NORTHERN REGIONS / LA STABILISATION DE LA MORTALITÉ INFANTILE AU GHANA: LE CAS DES TROIS RÉGIONS DU NORD

Mutaru G Iddrisu

EMail: mgoro2001@yahoo.com

The study examined the levels of, and trends in infant and child mortality in the three northern regions of Ghana over 1993-2003 period. The 1993, 1998 and 2003 Ghana Demographic and Health Survey (GDHS) data were used for the study. Indirect techniques were used to estimate the mortality levels. From the analysis, the East family of Coale-Demeny Model Life Tables was found to conform to mortality patterns in the three regions. The average mortality levels for Northern, Upper West and Upper East regions were estimated as 15.7, 13.4 and 19.1 respectively. The implied expectation of life at birth for both males and females based on the average mortality levels has also been estimated. Multivariate logistic regression was used to fit the models. Education of mother, birth order of child and marital status of mother are significant determinants of the incidence of child mortality in the three northern regions of Ghana.

11. FACTORS ASSOCIATED WITH PERINATAL DEATHS IN KENYA / LES FACTEURS ASSOCIÉS AUX DÉCÈS PÉRINATALS AU KENYA

Anne Khasakhala and Patrick M Ndavi

EMail: akhasakhala@yahoo.com

This paper uses data collected from the Kenya Demographic and Health Survey (KDHS) of 2003 to examine factors associated with perinatal deaths in Kenya. There were 232 perinatal deaths and 6,181 pregnancies in the five years preceding the survey. The results indicate that among the socio-demographic factors, older women and those whose first birth were after 30 years of age, women of birth order 7 and above and whose pregnancy interval was less than 15 months had higher proportion of perinatal deaths. The regression results show that the odds of having a perinatal death are significantly higher for women who have their first birth before reaching 20 years of

age, for women with higher birth order (4+) and pregnancy intervals of more than 24 months. Socio-demographic factors were not significant. This analysis underscores the need to examine predisposing factors for perinatal deaths in the country in line with the targets set for MDG 4.

11. TRENDS AND DETERMINANTS OF CHILDHOOD MORTALITY IN RURAL SOUTH AFRICA: WHAT CAN IT TELL US ABOUT THE IMPACT OF GOVERNMENT PROGRAMS? / LES TENDANCES ET LES DÉTERMINANTS DE LA MORTALITÉ INFANTILE EN MILIEU RURAL DE L'AFRIQUE DU SUD: QUE PEUVENT-ILS NOUS DIRE AU SUJET DE L'IMPACT DES PROGRAMMES DU GOUVERNEMENT?

Nadine Nannan, Debbie Bradshaw and Rob Dorrington

EMail: nadine.nannan@mrc.ac.za

Many countries experienced stagnation and reversals in child mortality trends, which had been declining since the 1970's. Studies investigating the factors responsible for this trend have attributed such trends to changes in a wide range of determinants. South Africa is one of the countries that has witnessed reversals in the gains made in child mortality since about 1992 and has experienced major social changes and the implementation of government programs. The Africa Centre Demographic and Information Surveillance Area has been under surveillance since 2000 and the data provide a unique opportunity to investigate the role that government programs have had on child mortality and what age groups are particularly sensitive to conditions of poverty. Retrospective birth history data will be modeled to investigate the associations between crude indicators of government programs that may have had an impact on child health.

11. CHILD MORTALITY REDUCTION IN SUB-SAHARAN AFRICAN COUNTRIES: PROGRESS AND CHALLENGES / LA RÉDUCTION DE LA MORTALITÉ INFANTILE DANS LES PAYS AFRICAINS SUB-SAHARIENS

Ulimiri V Somayajulu and Tilak Mukherji

EMail: somayajulu.uv@tns-global.com

MDG 4 pertains to reduction of mortality rate among children under the age of 5 years by two thirds. The Sub Saharan African region recorded the highest levels of Under 5 as well as Infant Mortality rates; Under 5 Mortality rate stood at 175 in 2003 and 278 in 1960, infant mortality rate at 104 in 2003 and 165 in 1960. The prime objective of this paper is to analyze the trends in Under 5 mortality rate and infant mortality rate for Kenya, Nigeria, South Africa, Uganda and Zimbabwe based on secondary data such as DHS, MICS, and World Development Report of the World Bank. The indicators used include U5MR, IMR and Proportion of children immunized against Measles. Progress so far on this has been too slow in Sub Saharan Africa with the gap between the goal and reality being the greatest in this region. The results of multi variate analysis indicate strong influence of development variables.

12. THE EXPERIENCE OF MATERNAL MORBIDITY AMONG ADOLESCENTS IN SOUTH NYANZA, KENYA / L'EXPÉRIENCE DE LA MORBIDITÉ MATERNELLE CHEZ LES ADOLESCENTS AU SUD DU NYANZA, KENYA

Monica A. Magadi, Zoe Matthews and R. William Stones

EMail: m.magadi@city.ac.uk

Despite available evidence of considerable maternal health risk among adolescents, studies on maternal morbidity among adolescents in sub-Saharan Africa are scarce. This paper will use information obtained from the survey and qualitative study components of the 2002 Adolescent

safe motherhood study in South Nyanza to examine experience of maternal morbidity among adolescents in the region. The questionnaire included a section on maternal morbidity experience for the last pregnancy. The study adopted the approach used in the Philippines Safe Motherhood Survey, where respondents are asked if they had experienced given symptoms of various obstetric morbidities. The questionnaire incorporated symptoms for common morbidities during pregnancy and childbirth such as oedema (swellings of legs, face), blurred vision, turning pale/yellow, short of breath when carrying out normal household activities, obstructed/prolonged labour, haemorrhage, high fever, fits, etc. These will help assess the magnitude of life threatening obstetric morbidities such as anaemia, hypertension/ pre-eclampsia, haemorrhage and sepsis.

12. INITIATION TO SEXUALITY AND EXPOSURE OF YOUNG MALIANS TO PROCREATIVE LIFE: ARE CHANGING BEHAVIOURS ASSOCIATED WITH INCREASING HUMAN RESOURCES? / INITIATION SEXUELLE ET ENTRÉE DANS LA VIE PROCRÉATIVE DES JEUNES MALIENS : LE CHANGEMENT DE COMPORTEMENTS EST-IL ASSOCIÉ AU PHÉNOMÈNE DE L'AUGMENTATION DES RESSOURCES HUMAINES?

Bassoutoura Gakou, Claudine E.M. Sauvain-Dugerdil, Fatou Berthél and Abdoul Wahab Dieng

Email: soutski@caramail.com

Au Mali, une nouvelle période de sexualité avant la constitution d'un couple stable expose les jeunes gens à des risques dus à leur manque de maturité et à une certaine marginalisation. On peut cependant se demander si ces risques accrus ne sont pas compensés par l'accroissement des compétences des nouvelles générations. Nous traitons ici les informations recueillies lors de notre enquête réalisée en 2002 auprès de 2000 jeunes Maliens, en analysant le calendrier de la transition de la sexualité et de la procréation, les caractéristiques personnelles intervenant dans la diversité des comportements ainsi que les informations disponibles sur les connaissances et pratiques des jeunes en matière de contraception et de prévention des IST/sida et la situation matrimoniale à l'arrivée du premier enfant. L'objectif est d'examiner si les jeunes qui adoptent des comportements pionniers sont dotés des ressources qui leur donnent la capacité de maîtriser leur destin.

12. THE EFFECTS OF FAMILY AND RESIDENTIAL ARRANGEMENTS ON THE SEXUAL BEHAVIOUR OF ADOLESCENTS AND YOUNG PEOPLE IN CAMEROON. A LIFE CYCLE ANALYSIS. / EFFETS DES STRUCTURES FAMILIALES SUR LE RISQUE D'ENTRÉE EN SEXUALITÉ PRÉMARITALE DES ADOLESCENTS ET DES JEUNES AU CAMEROUN : UNE ANALYSE SELON LA PERSPECTIVE DU PARCOURS DE VIE

Estelle Sidze and Barthelemy D. Kuete

Email: estelle.sidze@umontreal.ca

L'utilisation des variables dynamiques de structures familiales pour l'analyse des facteurs du comportement sexuel des adolescents et des jeunes en Afrique est encore à sa phase embryonnaire. Dans cette communication, nous utilisons les données sur les biographies familiales et résidentielles collectées auprès de 2381 individus âgés de 10 et plus par Population Observation in Social Epidemiology au Cameroun et des analyses biographiques en temps discret afin (1) de décrire le déroulement et la séquence des épisodes familiaux que connaissent les adolescents et les jeunes, et (2) d'analyser leurs schémas de transition dans la vie sexuelle en fonction des itinéraires familiaux qu'ils empruntent. Les hypothèses de recherche sont confirmées : la mobilité familiale à l'adolescence et durant la jeunesse est assez importante au Cameroun, et l'exposition aux structures familiales autres que biparentale sur le parcours de vie accroît le risque de sexualité précoce et prémaritale...

12. GIRLS' VULNERABILITY TO HIV AND AIDS: THE CASE OF MUREHWA DISTRICT, ZIMBABWE / LA VULNÉRABILITÉ DES FILLES FACE AU VIH ET AU SIDA: LE CAS DE LA PRÉFECTURE DE MUREHWA, EN ZIMBABWE

Naomi N Wekwete and Nyasha Madzingira

EMail: wekweten@science.uz.ac.zw

The study was undertaken among 538 girls aged 15-19 in 2004 in Murehwa District, Zimbabwe, to determine girls' perceptions on their risk to HIV and AIDS, and why they are vulnerable, using both quantitative and qualitative methods of data collection. The results revealed that a small percentage of girls admitted to sexual activity. A significant proportion of the sexually experienced girls reported that they were forced, raped, coerced or tricked into initiation of sexual activity. Although most girls perceived themselves not at risk of HIV infection, misconceptions of the pandemic prevail among some of the girls. Self-efficacy in condom use was low and more barriers to condom use were reported. Economic and socio-cultural factors such as poverty, "sugar-daddies", wife inheritance, the unhygienic practices during healing sessions by traditional and faith healers, traditional beliefs, some religious values and practices, and peer pressure were also cited as contributing to the high risk.

13. MODELLING VARIABLES OF RISK ELEMENTS IN SEXUAL ORIENTATIONS: A COMPARATIVE ANALYSIS OF LAGOS-BASED MERCANTILE POPULATION GROUPS / CONSTRUIRE UN MODÈLE DE VARIABLES SUR LES ÉLÉMENTS À RISQUE DANS LES ORIENTATIONS SEXUELLES: UNE ANALYSE COMPARATIVE DES GROUPES DE POPULATIONS COMMERÇANTES BASÉES À LAGOS

Olatunji Babatola

EMail: drbabatola@yahoo.com

Sexual intercourse remains the primary channel of HIV/AIDS transmission. This explains researchers' sustained interests in sexuality risk analysis either for groups or communities. Studies, which compare groups based on the peculiar nature of their livelihoods, generally ascribe greater sexuality risk to itinerant groups. Such studies are relatively few and have generally employed less precise analytical techniques. This paper contributes to fill part of this gap. It employs a survey approach to obtain corresponding population samples of circulatory and non-circulatory traders from relevant markets within the Lagos metropolis. Employing three variables to conceptualize risks in sexual orientation, the study examined whether the two populations are significantly different. The logistic regression models of a specified sexuality risk variable for both groups were compared. Results show that despite significant differences in the groups' selected characteristics, variables in the two BSTEP(LK) models are reasonably comparable. The paper discusses the implications of its findings.

13. DETERMINANTS OF REGIONAL DIFFERENCES IN HIV PREVALENCE IN NORTH-WESTERN AND SOUTHERN PROVINCES OF ZAMBIA / LES DÉTERMINANTS DES DIFFÉRENCES RÉGIONALES EN PRÉVALENCE DU VIH DANS LES PROVINCES DU NORD OUEST ET DU SUD DE LA ZAMBIE

Vesper H Chisumpa

EMail: vchisumpa@yahoo.com

In Zambia, the predominant mode of HIV transmission is sexual intercourse between men and women. However, large variations in HIV prevalence rate and extent of the spread in different

regions exist. Prevalence rates from the 2001-2002 Zambia Demographic and Health Survey (ZHS) range from 8.3%-lowest in Northern to 22%-highest in Lusaka regions. Northwestern and Southern regions have prevalence rates of 9.2% and 19.9% respectively. These regional variations are attributable to the fact that unique determinants in each region drive the epidemic. Gaps in knowledge exist about precipitating factors leading to spreading of the epidemic in the regions. This paper identifies some factors that could explain why HIV has spread in two regions of Zambia. The Northwestern region practices male circumcision as a traditional culture, and allows polygamous marriages, while the Southern region does not. The paper uses data from the ZDHS and reports from Antenatal Clinic Sentinel surveillance. Analysis of data involves univariate and bivariate methods.

13. THE EPIDEMIOLOGY OF HIV INFECTION IN ZAMBIA / L'ÉPIDÉMIOLOGIE DE L'INFECTION DU VIH EN ZAMBIE

Ngianga-Bakwin Kandala and James Brown

EMail: N-B.Kandala@warwick.ac.uk

The study was conducted to assess the effect of confounding risk factors on AIDS/HIV prevalence and to develop a means of adjusting estimates of the observed prevalence in the Zambian Demographic and Health Survey programme (2001-2). This paper reports on approximately 2,500 men and a similar number of women that gave blood for syphilis and HIV testing. Controlling for important risk factors such as geographical location, age structure of the population and gender gave estimates of prevalence that are statistically robust. For instance, without taking into account the young age structure of the urban population infected by AIDS/HIV, Lusaka and Copper belt have the first and second highest prevalence of AIDS/HIV but it is not the case when the younger age structure of the urban population is accounted for. Researchers should be encouraged to use all available information in the data to account for important risk factors when reporting AIDS/HIV prevalence.

13. EDUCATIONAL STATUS AND HIV DISPARITIES IN CAMEROON: ARE THE UNEDUCATED AT REDUCED RISK OF HIV INFECTION? / NIVEAU D'ÉDUCATION ET DISPARITÉS EN VIH AU CAMEROUN: LE RISQUE D'INFECTION PAR LE VIH DES ILLETTRÉS EST-IL RÉDUIT?

Joyce N Mumah and Eric N Reither

EMail: jnmumah@cc.usu.edu

The socioeconomic gradient in health and mortality is a persistent finding in social epidemiology. Indicators of socioeconomic status (SES) such as wealth and education are routinely found to be strongly and inversely related to various health outcomes. However, data from the 2004 Cameroon Demographic and Health Survey (DHS) show that educational status is positively associated with HIV prevalence, particularly among women. In this investigation, data collected from 5,287 women in the 2004 Cameroon DHS was analysed to explore possible demographic, socioeconomic and behavioral mechanisms that could account for this association. After controlling for variables such as age, marital status, region of residence, and partner's educational attainment, the association between education and HIV was not merely attenuated, but essentially eliminated. This research contributes to a growing body of literature on SES and HIV in sub-Saharan Africa, which has the potential to improve our collective understanding and refine current social policies.

13. AN ASSESSMENT OF THE HIV RISK FACTORS AND VARIATIONS IN HIV PREVALENCE IN RURAL MALAWI / UNE ÉVALUATION DES FACTEURS À RISQUE DU VIH ET LES VARIATIONS DANS LA PRÉVALENCE DU VIH EN MILIEU RURAL AU MALAWI

Francis Obare

EMail: fonyango@popcouncil.org

This study uses two waves of HIV survey data from rural Malawi to examine the risk factors associated with HIV infection and the variations in the impact of these factors across the study sites. The results show that: (i) partner mobility is a significant risk factor among men from the South and among women from the South and the North, (ii) marital experience is significant among men from the South, and (iii) multiple life-time sexual partners is significant for women from the South. There are also significant differences across study sites in the predicted HIV prevalence among high-risk groups, especially with respect to partner mobility for men and all the three HIV-risk factors considered for women. Not surprisingly, the predicted prevalence among high-risk groups is significantly higher among women than men. The differential impact of the risk factors across study sites could be due to variations in condom use.

14. FOR BETTER OR WORSE, TILL DEATH DO US PART: ESTIMATING THE MARRIAGE CONTRIBUTION TO THE HIV EPIDEMIC IN SUB-SAHARAN AFRICA / POUR LE MEILLEUR ET POUR LE PIRE, JUSQU'À CE QUE LA MORT NOUS SÉPARE: UNE ESTIMATION DE LA CONTRIBUTION DU MARIAGE À L'ÉPIDÉMIE DU VIH EN AFRIQUE SUB-SAHARIENNE

Jimi Adams

EMail: ja2441@columbia.edu

This paper estimates the maximal effect that changes in individual-level sexual behavior alone can have on the present HIV pandemic. The study employs a simulation of a series of estimates of HIV prevalence resulting from the drastic hypothetical scenario of all individuals alive today and in the future suddenly absolutely adhering to the stated goals of abstinence before marriage, and faithfulness within marriage. Starting with initial populations that reflect ranges of HIV prevalence and differing marriage market patterns, the populations are moved forward in time, assuming that no individuals falter in following prescribed sexual expectations (the A&B of the ABCs of AIDS prevention). The aim of this exercise is to determine whether, and estimate how substantially, individual sexual behavior change alone can alter the trajectory of the HIV pandemic.

14. A METHODOLOGY FOR PROJECTING SUB-NATIONAL POPULATIONS ALLOWING FOR THE IMPACT OF HIV/AIDS AND WHERE DATA ARE LIMITED AND DEFECTIVE // UNE MÉTHODOLOGIE POUR FAIRE DES PROJECTIONS SUR LES POPULATIONS DES SOUS-RÉGIONS DE DIFFÉRENTS PAYS- POUR PERMETTRE LA MESURE DES IMPACTS DU VIH/SIDA ET POUR DÉTECTER LES DONNÉES LIMITÉES ET DÉFECTUEUSES

Rob Dorrington and Tom A. Moultrie

EMail: rob.dorrington@uct.ac.za

Sub-national population projections are fraught with complexity at the best of times. It is axiomatic that as the population being modeled represents a smaller proportion of the national whole, the least understood of the three major demographic forces – migration (local and international) – plays

an increasingly significant role, while sub-population specific estimates of the other demographic variables may not be available or reliable. This paper describes an approach to projecting sub-national population dynamics in 28 districts of a country (Botswana) whose aggregate population is less than one-fifth that of New York City. In doing so, the sum of the regional projections must remain consistent with that of the national population, while taking into account the careful incorporation of HIV epidemiological dynamics in each region and with the added difficulty of working with severely limited and defective census and survey data. In the process, interesting insights into the regional demographic dynamics of the country are developed.

14. PREVENTION AND MEDICATION OF HIV/AIDS: THE CASE OF BOTSWANA / PRÉVENTION DU VIH/SIDA ET MÉDICATION : LE CAS DU BOTSWANA

Gustav Feichtinger

EMail: or@eos.tuwien.ac.at

This paper illustrates a mathematical model which allows estimating and projecting the effects of prevention and treatment programs on the total population size, HIV-induced deaths, and life expectancies. Considering only the female population, the changes of the demographic developments and the situation of HIV/AIDS for Botswana are projected up to 2060. The mathematical model is used to project the female population development considering their age-structure. Treatment programs are included through selecting a price for medication. Prevention programs consist of two parts: school-based programs, which try to change risky behavior and instantaneous prevention (e.g. free condoms) which has only a short-time effect on the infection risk. The main conclusions drawn from our results are that prevention-only programs always yield the fastest decrease in HIV/AIDS prevalence. Adding a medication program reduces the efficiency of the prevention interventions regarding prevalence, but it reduces the number of HIV-induced deaths and increases life expectancies.

14. DEMOGRAPHIC, SOCIO-ECONOMIC AND ENVIRONMENTAL ASPECTS OF THE HIV/AIDS EPIDEMIC IN TANZANIA, WITH A FOCUS ON KAGERA AND IRINGA REGIONS / LES ASPECTS DÉMOGRAPHIQUES, SOCIO-ÉCONOMIQUES ET ENVIRONNEMENTAUX DE L'ÉPIDÉMIE DU VIH/SIDA EN TANZANIE, UNE ATTENTION PARTICULIÈRE SUR LES RÉGIONS DE KAGERA ET IRINGA

Franz-Michael Rundquist and Mikael Hammar skjöld

EMail: franz-michael.rundquist@keg.lu.se

The paper aims at presenting initial results from an ongoing research project investigating long-term demographic, socio-economic and environmental effects of, and responses to, excess mortality due to AIDS. Empirically, beside the national and regional levels, a special focus is set on Kagera and Iringa Regions. Temporally analyses are based on longitudinal data pertaining to last three Population Censuses – 1978, 1988 and 2002 – and on remote sensing material giving information on land-use and land-cover for same time periods. Principal research questions, and topics to be discussed, are: What AIDS-related changes in population structure ratios can be identified nationally and regionally since 1980? Can changes in access to labour, intergenerational and gender divisions of labour, and changes in production linked to AIDS morbidity and mortality be identified? Can environmental changes – be related to AIDS-related changes in population structure at regional and sub-regional level?

15. SURVIVAL AND RIGHTS: USE OF CHILDREN IN THE FISHING INDUSTRY ON THE VOLTA LAKE IN GHANA / LA SURVIE ET LES DROITS: L'UTILISATION DES ENFANTS DANS L'INDUSTRIE DE PÊCHE SUR LE LAC VOLTA AU GHANA

Samuel K Annim and Eugene Darteh

EMail: sakillus@yahoo.co.uk

The paper investigates one of the worst forms of child labour, which occurs on the Volta Lake at Yeji in the Brong Ahafo Region of Ghana. One activity is children diving to disentangle nets caught in stumps. Quantitative and qualitative techniques were used to collect data on the linkages between child labour, poverty and human rights. Eighty-eight children were interviewed. Poverty among parents, lack of opportunities and aim of minimizing cost in fishing account for the use of child labour. Some of the children recognized the hazardous nature of the work since some colleagues had lost their lives. The practice was accepted by some parents as a form of training, discipline and source of income, which outweighed the associated dangers. Children involved had no right to negotiate for higher rewards (food), lighter or less severe work loads. The results have profound implications for dealing with child labour in the fishing industry.

15. PERINATAL AND NEONATAL MORTALITY AMONG THE MIJIKENDA COMMUNITY OF KILIFI DISTRICT. / LA MORTALITÉ PÉRinataLE ET NéONataLE DANS LA COMMUNAUTÉ DES KIJIKENDA DANS LA PRÉFECTURE DE KILIFI

Evasius K Bauni, Hellen Gatakaa, Tom Williams, James Nokes and Anthony Scott

EMail: ebauni@kilifi.kemri-wellcome.org

This paper describes perinatal and neonatal mortality over a period of two years using data from Kilifi integrated data management system that links both the demographic surveillance system and the clinical data of Kilifi District Hospital. Neonatal deaths contributed 44% and 47% of childhood deaths while neonatal mortality rates were 36 and 31 per 1000 child years observed in 2004-5 respectively. Perinatal mortality was 44 per 1000 live births. Neonatal deaths were attributed to neonatal sepsis (30%), pre-maturity (30%), birth asphyxia (18%) and jaundice (12%). The case fatality rates were tetanus (63%), pre-maturity (56%), congenital malformation (42%), birth asphyxia (39%) and neonatal sepsis (15%). The large number of stillbirths, pre-term deliveries and neonatal deaths may be related to HIV and other sexually transmitted infections. Most neonatal deaths occurred in the community where the cause of death is unknown highlighting the need for community-based studies of perinatal events and risk factors.

15. DO HEALTH SERVICES IN AFRICA CORRESPOND TO THE HEALTH NEEDS OF THE POPULATIONS? THE CASE OF CONSTRUCTING A NEW HOSPITAL IN A RURAL SETTING IN SENEGAL / L'OFFRE SANITAIRE EN AFRIQUE CORRESPOND-ELLE AUX BESOINS DES POPULATIONS? LE CAS DE LA CONSTRUCTION D'UN NOUVEL HÔPITAL EN MILIEU RURAL AU SÉNÉGAL

Malick Kante, Emmanuelle Guyavarch and Gilles Pison

EMail: malick.kante@ined.fr

En Afrique plus qu'ailleurs, l'offre de soins reste insuffisante. La construction de nouvelles infrastructures sanitaires et l'amélioration des programmes constituent une priorité, notamment en milieu rural. Mais suffisent-elles à améliorer la santé ? Nous étudions ici le cas de la construction d'un hôpital moderne au cœur d'une région rurale du Sénégal : Bandafassi, dont la population a fait l'objet de suivi depuis plus de 30 ans. L'analyse des données de suivi démographique permet

de reconstituer de façon précise l'évolution de la mortalité dans la population du début des années 1970 jusqu'en 2006. Elle montre que l'hôpital de Ninéfescha, ouvert en 2002, n'a pas influé sur l'évolution de la mortalité, notamment maternelle et infanto juvénile, qui reste élevée par rapport au reste du pays. L'analyse d'enquêtes complémentaires sur la perception du nouvel hôpital par les habitants et sur leurs comportements en matière de recours aux soins, permet de comprendre les raisons de cet échec.

15. SOCIO- CULTURAL CHALLENGES FACING COMMUNITY- BASED INTERVENTIONS IN PROVIDING CARE AND SUPPORT TO CHILDREN AFFECTED BY HIV/AIDS IN LESOTHO / LES DÉFIS SOCIOCULTURELS ENTRAVANT LES INTERVENTIONS À BASE COMMUNAUTAIRE DANS L'OFFRE DE SOINS ET DE SOUTIEN AUX ENFANTS AFFECTÉS PAR LE VIH/SIDA AU LESOTHO

Ts'epang Manyeli

EMail: manyeliff@yahoo.com

In the recent years, most of the African countries have experienced an overwhelming increase in the number of children made vulnerable by HIV/Aids and hence deemed to be in need of protection. The situation has also excessively subjected such children to discrimination, stigmatization and social exclusion. On the other hand, the rapid increase has also met serious cultural challenges, which invariably have a significant impact in their lives. Notably, culture has got a very great influence on attitudes, practices and behaviors related to HIV/AIDS. This paper therefore observes some community care strategies used in Lesotho and evident socio- cultural factors in provision of care and protection to children in Lesotho. The paper further argues that a complex interaction of economic, social and cultural factors shape the nature, process and outcome of care and support for children in Lesotho. It concludes with recommendations for the way forward.

15. REDUCTION IN THE BURDEN OF MALARIAL ANAEMIA: CONFIRMATION OF AN ANTI-VECTOR APPROACH / LA RÉDUCTION DU FARDEAU DU PALUDISME ANÉMIQUE: CONFIRMATION DE L'APPROCHE ANTI-VECTEUR

Jasbir K. Sangha and Kiersten Johnson

EMail: Jasbir.K.Sangha@orcmacro.com

At least 20% of all deaths in children under 5 years of age in Africa are due to malaria. With increasing levels of chloroquine resistance, the Roll Back Malaria partnership goal to halve the malaria burden by 2010 suggests the need for integrated approaches to combat malaria and reduce its consequences. Various projects and controlled trials have found a reduction in anaemia levels with the use of bed nets, particularly insecticide treated nets (ITNs). However, the efficacy of bed net use has not been evaluated with national survey data. The paper analyzes data from the 2001 Benin DHS, a malaria-endemic country with high prevalence of anaemia. This study found a 50% reduction in the prevalence of anaemia in children who used bed nets compared to children who did not. The significance of the findings remains after controlling for household wealth and stunting in children, both of which have a significant relationship with anaemia.

16. FACING UP THE CHALLENGES OF THE MDG DRINKING WATER TARGET. ADDRESS INEQUITIES OF A BASIC NEED ACCESS /FAIRE FACE AUX DÉFIS DES OMD RELATIFS À L'EAU POTABLE. ELIMINATION DES INÉGALITÉS DANS L'ACCÈS AUX BESOINS ESSENTIELS.

Stéphanie Dos Santos

EMail: Stephanie.DosSantos@ird.fr

Access to safe drinking water is a precondition for health and for success in the fight against poverty, hunger, child deaths and gender inequality. In adopting the 10th target of the Millennium Development Goals, the international community pledged to reduce by half the proportion of people without access to safe drinking water. This proportion is an indicator expressed as the percentage of people using improved drinking water sources or delivery points. This communication aims at demonstrating how the MDG drinking water target addresses inequities but not solving them, especially in sub-Saharan Africa. Three main issues are discussed: (1) what happens to the half of population who continue to stay without access to water? (2) Definitions remain unclear, especially safety of water and (3) the relevance of the indicator used for addressing social and health-water related issues that do not include modalities of accessibility determined by distance and/or time and cost.

16. AVAILABILITY OF DOMESTIC WATER IN TANZANIA: ARE WE CLOSE TO REALIZING THE MDG? / LA DISPONIBILITÉ DE L'EAU DOMESTIQUE EN TANZANIE: SOMMES-NOUS PROCHE DE LA RÉALISATION DES OMD?

Esther W Dungumaro

EMail: edungumaro@yahoo.com

To date developing countries are faced with a challenge of providing adequate water and sanitation for all. Governments, international organizations and other development agencies are constantly working towards ensuring that people have safe water and improved sanitation. International efforts are exemplified by, among others, the United Nations Millennium Development Goals (MDGs). The UN specifically stipulated a goal by 2015, to reduce by half the proportion of people without sustainable access to safe water and basic sanitation. The present paper used the 2002 Tanzania Population and Housing Census and the 2004 Tanzania Demographic and Health Survey to analyze accessibility of water and sanitation in Tanzania. Results suggest that progress has been made, but the country is far from realizing the MDG for water and sanitation. The paper suggests that socioeconomic and demographic factors and poverty reduction measures should receive adequate weight if MDG for water and sanitation is to be realized.

16. HEALTH AND LIVELIHOOD IMPLICATIONS OF MARGINALIZATION OF SLUM DWELLERS IN PROVISION OF BASIC SERVICES IN NAIROBI CITY / LA MARGINALISATION (PAR MANQUE D'APPROVISIONNEMENT EN SERVICES ESSENTIELS DE BASE) DES HABITANTS DES BIDONVILLES DE NAIROBI ET LES IMPLICATIONS POUR LEUR SANTÉ ET LEUR MODE DE VIE.

Elizabeth W Kimani-Murage, Chi-Chi Undie and Eliya M Zulu

EMail: lizmurage_2003@yahoo.com

This study investigates how inequality in provision of basic services such as water and sanitation affects health and livelihood circumstances of poor residents of Nairobi slums in Kenya. The paper uses qualitative and quantitative data collected through a longitudinal health and demographic

surveillance conducted in Nairobi slums by African Population and Health Research Center. Water (32%) and sanitation (20%) were the most commonly reported health needs among slum dwellers. Results also indicate that water and sanitation services are mainly provided by exploitative vendors, who charge exorbitantly for their poor services. This results in poor sanitary practices by the community and as a result of the poor environmental conditions and inaccessible health services, slum residents have a greater risk of falling sick and consequently more likely to die than other non-slum counterparts including rural dwellers. These results demonstrate the need for change in governments' policies that deprive the urban poor population of basic services.

16. QUALITY OF WATER THE SLUM DWELLERS USE: THE CASE OF A KENYAN SLUM / LA QUALITÉ DE L'EAU UTILISÉE PAR DES HABITANTS DES BIDONVILLES AU KENYA

Elizabeth W Kimani-Murage and Augustine Ngindu

EMail: lizmurage_2003@yahoo.com

Rapid urbanization in a context of economic degradation has resulted in the majority of urban residents in sub-Saharan Africa living in slums often characterized by lack of basic services. Consequently, the urban poor often use pit latrines and at the same time may draw domestic water from nearby wells. Overcrowding in slums limits adequate distance between wells and pit latrines so that micro-organisms migrate from latrines to water sources. This study sought to assess faecal contamination of domestic water sources in a Kenyan urban slum as well as sanitary practices. Results showed that the domestic water sources were heavily contaminated with faecal matter. Owing to the faecal contamination, there is a high possibility of presence of disease pathogens in the water; thus the water from the wells may not be suitable for human consumption. This study calls for change of policy that limits provision of government services to slum dwellers.

18. KENYA CIWARA: A PROGRAM PROMOTING THE IMPROVEMENT OF CHILD SURVIVAL IN MALI / KENYA CIWARA : UN PROGRAMME PROMOTEUR POUR L'AMÉLIORATION DE LA SURVIE DE L'ENFANT AU MALI

Nouhoum Koita and Abdoul Karim Coulibaly

EMail: nkoita@caremali.org

Le Mali a enregistré, entre 2001 et 2006, une réduction significative du taux de mortalité infantile passant de 113% à 96% (EDSM 2001-2006) grâce aux efforts conjugués du ministère de la santé et de ses partenaires, dont le programme santé USAID/Kenya Ciwara. Kenya Ciwara qui couvre 30% de la population malienne a, en trois ans, réalisé de très bons résultats : la couverture en DTCP3 des enfants de 12-23 mois est passée de 50% à 67%, celle en vitamine A des enfants de 6-59 mois de 31% à 61%, celle des moustiquaires imprégnées d'insecticide chez les enfants de moins de 5 ans de 7% à 50%, et celle de la TRO de 9% à 28%. Dans cet article, nous allons démontrer comment Kenya Ciwara, une approche intégrée basée sur les services à haut impact a contribué à améliorer de façon substantielle les indicateurs de santé de l'enfant au Mali.

18. CONNECTING COMMUNITIES ACROSS THE REGION: HOW BEST PRACTICES IN CHILD SURVIVAL ARE BEING SHARED / RELIER LES COMMUNAUTÉS À TRAVERS LA RÉGION: COMMENT LES BONNES PRATIQUES DE LA SURVIE DE L'ENFANT SONT-ELLES PARTAGÉES?

Adama Kone, Chevenee Reavis and Stephen Redding

EMail: akone@aware-rh.org

Communities facing challenges of child illness can often find their solutions close by. Exchanging insights and successes from one community to the next can mean quick and easy problem solving at a fraction of the cost. The USAID-funded AWARE-RH Program (Action for West Africa Region - Reproductive Health) is based on belief in the power of community-exchange. In the case of malaria and integrated management of child health, AWARE-RH has pioneered a community-based exchange network, which engages local organizations in transferring successful community-based programs from one country to another. Through a region-wide search for best practices in key areas of child survival, AWARE-RH has been able to document and disseminate these practices through a regional forum. This community-based exchange component has resulted in important expansions of key regional child health strategies, with organizations trained and equipped to continue their regional scale-up.

18. HOW TO HELP POOR WOMEN DELIVER SAFELY? / COMMENT AIDER LES PAUVRES FEMMES À ACCOUCHER SANS RISQUE

Ndola Prata, Alisha Graves, Maura Graff and Malcolm Potts

EMail: ndola@berkeley.edu

The current paper examines the realities of women delivering in resource-poor settings and recommends cost-effective, scalable strategies for making these deliveries safer. Ninety-nine percent of maternal deaths occur in poor settings and the largest proportion of these deaths are of women who deliver at home, far away from health care facilities, and without financial access to skilled providers. The study suggests feasible interventions that can potentially minimize both demand and supply side problems of safe delivery. Financing safe delivery using vouchers, supporting community health funds and community-based insurance are some options that can be implemented in poor settings and made attractive to the donor community through output based assistance. In addition to improving financing schemes, decision-makers must promote de-medicalization of emergency obstetric care services and introduction of misoprostol for home births, an easy to use technology to reduce the main cause of maternal mortality – postpartum haemorrhage.

18. USING COMMUNITY RESOURCES TO PROVIDE MATERNAL AND CHILD HEALTH SERVICES: LESSONS LEARNED FROM DEVELOPING COUNTRIES / UTILISER LES RESSOURCES COMMUNAUTAIRES POUR POURVOIR AUX SERVICES DE SOINS MATERNELS ET INFANTILES: LES LEÇONS APPRISSES DES PAYS EN VOIE DE DÉVELOPPEMENT

Ubaidur Rob and Md. Noorunnabi Talukder

EMail: urob@pcdhaka.org

Many developing countries implemented different health service delivery models or interventions to provide maternal and child health services in the community. This paper examines selected models implemented in Bangladesh, Pakistan, Cambodia, Ghana and Tanzania. Strengths and limitations of these models are also identified. Findings suggest that the availability of skilled human resources

to provide health services in combination with targeted interventions to strengthen the health system increases the access to health services at the community level. Community participation in planning, developing and managing health services is required for successful implementation of any program. The functioning of health system at the local level can be improved by using the planning and priority-setting tools, which help identify cost-effective health services reflecting the local needs. Training of and providing logistic support to volunteers and linking them to a functioning local health system for referral are also necessary to enhance the service coverage.

**18. PREVENTING POSTPARTUM HAEMORRHAGE (PPH) AT HOMEBIRTH /
PRÉVENIR L'HÉMORRAGIE POST-NATALE DE L'ACCOUCHEMENT À LA MAISON**

Harshadkumar Sanghvi

E-Mail: hsanghvi@jhpiego.net

Women are still dying of PPH—not because it is not preventable; Women are still dying of PPH—not because it is untreatable ; Women are dying because measures have not been taken to scale up simple prevention measures, and because methods have not been worked out on how to take care of the most vulnerable and needy. Communities and most peripheral health workers are not also empowered to prevent and treat PPH. This paper describes an innovative community program for preventing postpartum haemorrhage in women who experience childbirth at home. The program describes the experience of an approach for community education, birth preparedness and community-based distribution of misoprostol for preventing PPH in several countries.

**19. NEW TIMES, NEW FAMILIES: THE STALL IN GHANAIA FERTILITY /
NOUVEAUX TEMPS, NOUVELLES FAMILLES: UNE STABILISATION DE LA FÉCONDITÉ
AU GHANA?**

Samuel Agyei-Mensah

E-Mail: agyeimens@yahoo.com

In recent times, population scientists have shown increasing interest in stalled fertility transitions. The patterns and explanations of these stalls make interesting studies. This paper examines the case of Ghana based on data from the Demographic and Health Surveys (DHS). The main aim of the paper is to examine the recent stall in the fertility decline in Ghana and to explain its dynamics. The findings show that the pace of the Ghanaian fertility decline stagnated during the period of the 1998 and 2003 DHS. The recent fertility change has revealed varying patterns of fertility at the regional level. In the Northern Region, for example, persistent high fertility has been evident, whereas in the Greater Accra region, the fertility decline has stalled. The stall in fertility is explained within the framework of both individual as well as broader societal factors.

**19. EXPLORING THE CAUSES OF RECENT STALLING OF FERTILITY IN
BANGLADESH / EXPLORER LES CAUSES DE LA FÉCONDITÉ STABILISÉE RÉCENTE
AU BANGLADESH**

M. Mazharul Islam

E-Mail: mmazhar@agni.com

Fertility rate in Bangladesh has declined from 6.3 births in 1975 to 3.3 births in 1993 and since then it has remained almost unchanged, despite the increased use of contraception. The increased use of contraception and changes in other proximate determinants of fertility since 1993 shows no visible

impact on fertility reduction that raised many questions. This paper explores possible explanations of recent stalling of fertility level in Bangladesh from different perspectives. The data for the study comes from a series of nationally representative surveys over the period of 1975 to 2004. The analysis indicates that the fertility has ceased to decline temporarily due to tempo effect and in general the declining trend in fertility is underway. The change in fertility level was consistent with the underlying change in the proximate determinants of fertility. Further improvement in socio-economic condition of women, age at marriage, child survival and fertility preferences would help reduce fertility in Bangladesh.

19. WHY HAS THE KENYAN FERTILITY DECLINE STALLED? / POURQUOI LE DÉCLIN DE LA FÉCONDITÉ AU KENYA S'EST-IL STABILISÉ?

Ekisa L Anyara and Andrew Hinde

EMail: ela@soton.ac.uk

The Kenyan fertility decline has recently stalled: the total fertility rate according to the 2003 Demographic and Health Survey (DHS) was almost the same as it was in the 1998 (DHS). So far, attempts to explain this have been inconclusive. The objectives of the paper are to explore views on fertility in relation to resources and to determine the status of the family planning program effort, and to assess the extent to which these are associated with recent fertility trends. The data were collected through focus group discussions with married women in Bungoma, Nyeri and Nairobi districts and in-depth interviews with senior family planning service providers. The findings indicate that the stalling of the fertility decline is associated with both the deterioration of the family planning program effort and economic hardships.

19. HAS FERTILITY STOPPED DECLINING IN THE MAGHREB? / LA FÉCONDITÉ A-T-ELLE FINI DE BAISSER AU MAGHREB?

Zahia Ouadah-Bedidi, Jacques Vallin and Ibtihel Bouchoucha

EMail: ouadah@ined.fr

A la fin des années 1990, les trois pays du Maghreb (Algérie, Maroc, Tunisie) étaient sur le point d'achever la deuxième étape de la transition démographique : la fécondité se rapprochait rapidement et sûrement du seuil de renouvellement des générations. En 1999, le taux de fécondité totale a atteint 2,4 en Algérie, 2,09 en Tunisie, et 3,0 au Maroc en 1998. Mais curieusement depuis 2000, on parle à nouveau dans ces trois pays de reprise de la natalité. La fécondité serait-elle en train de changer de direction : au lieu de continuer de baisser, elle remonterait ? L'évolution de la fécondité dans les trois pays du Maghreb va-t-elle à l'encontre de la théorie classique de la transition démographique comme ce fut le cas de certains pays d'Europe ? Peut-on parler de « baby boom » ?

20. BASIC UNIVERSAL EDUCATION FOR ALL BY 2015 IN BENIN: EVALUATION OF RESULTS AND MAJOR CHALLENGES / ENSEIGNEMENT PRIMAIRE POUR TOUS D'ICI 2015 AU BÉNIN : BILAN DES RÉSULTATS ET DÉFIS MAJEURS

Mouftaou Amadou Sanni

EMail: mouftaou@yahoo.com

Le Bénin a entrepris une vaste réforme de son système éducatif depuis 1990. L'enseignement primaire a bénéficié d'importants investissements qui ont permis une nette amélioration des taux de scolarisation, notamment, des filles. Toutefois, des contraintes persistent et concernent

la manifestation différentielle de ces résultats et la faible rétention du système (redoublement et abandon prématuré), notamment pour les filles. Cette communication synthétise les résultats obtenus par les programmes, dégage les contraintes et identifie les défis du succès du Programme Décennal de Développement de l'Éducation (PDDE : 2006-2015) à l'aide des questions suivantes : Les objectifs et résultats attendus des programmes/projets ont-ils été atteints? Quels facteurs les favorisent? Quelles leçons apprises? Quelles contraintes? Quelles satisfactions des bénéficiaires? Comment pérenniser les acquis? Pour répondre à ces questions nous utilisons les données (annuaires statistiques, RGPH, enquêtes spécifiques) et la documentation disponible pour retracer l'évolution des indicateurs comparée aux résultats attendus en vue des défis recherchés.

20. EVALUATING THE IMPACT OF COMMUNITY-BASED INTERVENTIONS ON SCHOOLING OUTCOMES AMONG ORPHANS AND VULNERABLE CHILDREN IN LUSAKA, ZAMBIA / EVALUER L'IMPACT DES INTERVENTIONS À BASE COMMUNAUTAIRE SUR LES RÉSULTATS DE L'ÉCOLE CHEZ LES ORPHELINS ET LES ENFANTS VULNÉRABLES À LUSAKA, ZAMBIE

Minki Chatterji, Nancy Murray, Kathy Buek, Yvonne Mulenga, Tom Ventimiglia and Paul Hutchinson

EMail: mchatterji@mathematica-mpr.com

Worldwide, the number of children under age 18 who have lost one or both parents to AIDS stands at more than 14.3 million. The vast majority of these children live in sub-Saharan Africa. Despite the recognition of the magnitude and negative consequences of this problem, there is little empirical evidence on “what works” to improve schooling outcomes among children affected by HIV and AIDS. This paper seeks to fill this knowledge gap, by investigating whether a community-based program for orphans and vulnerable children implemented by a local Zambian NGO in peri-urban Lusaka improves schooling outcomes among program beneficiaries. Two waves of data, collected by the USAID-funded Community REACH project in 2003 and MEASURE Evaluation project in 2006 are analysed by using pooled cross-sectional and longitudinal data analysis methods. Both models include explanatory variables such as household socio-economic status, orphan-hood status, and relationship to caregiver. Longitudinal analyses are stratified by sex.

20. GENDER DIFFERENCES IN SCHOOLING EXPERIENCES AMONG ADOLESCENTS IN MALAWI / LES DIFFÉRENCES DU GENRE DANS LES EXPÉRIENCES DE L'ÉDUCATION CHEZ LES ADOLESCENTS AU MALAWI

Paul C. Hewett, Barbara S Mensch, Joseph Chimombo and Richard Gregory

EMail: PHewett@popcouncil.org

In developing countries, school is the main learning and socializing institution outside the family. Investments in schooling are increasingly extolled as critical for poverty alleviation, the achievement of gender equity and empowerment, and economic growth. This paper uses the first wave of a longitudinal study on primary school quality and its effect on adolescents aged 14-16 in two districts in Malawi to 1) investigate gender differences in schooling experiences; 2) explore whether such differences are associated with variability across schools in rates of both attendance and performance as measured by results on the Primary School Leaving Exam (PSLE); and 3) determine whether girls who attend schools that have participated in interventions to improve teacher quality and reduce gender based violence have more positive experiences than girls who attend schools that have not been exposed to such interventions.

20. BURKINA FASO ‘S TEST ON UNIVERSAL BASIC EDUCATION: EVALUATION OF POLICIES AT THE TURN OF THE YEAR 2000 / LE BURKINA FASO À L'ÉPREUVE DE L'ÉDUCATION POUR TOUS : QUEL BILAN DES POLITIQUES AU TOURNANT DES ANNÉES 2000 ?

Marc Pilon and Yacouba Yaro

EMail: Marc.Pilon@ird.fr

Le Burkina Faso figure parmi les pays les moins scolarisés d'Afrique et du monde. Dans le prolongement de la conférence mondiale sur « l'éducation pour tous » de Jomtien en 1990, le pays s'est doté d'un Plan Décennal de Développement de l'Éducation de Base pour la période 2000-2010, d'un Plan d'action pour l'éducation pour tous, et des actions spécifiques ont été entreprises en faveur de la scolarisation des filles. Ce nouveau contexte éducatif est marqué par une implication croissante de la communauté internationale et par une sollicitation accrue des familles. Sur la base des documents, statistiques et résultats de recherches existants, la communication propose de dresser un bilan de ces politiques éducatives, tant du point de vue quantitatif que qualitatif. Comment a évolué l'offre scolaire ? Les disparités spatiales et les iniquités socio-économiques se sont-elles réduites ? La qualité de l'éducation s'est-elle améliorée ? La demande sociale de l'éducation est-elle influencée par de telles politiques ?

21. THE CHANGING ROLE OF CHILD FOSTERAGE SYSTEMS IN EDUCATIONAL INEQUALITY BUFFERING IN ZAMBIA / LE RÔLE CHANGEANT DES SYSTÈMES DE PARRAINAGE D'ENFANT ET LA RÉGULARISATION DE L'ÉDUCATION EN ZAMBIE

Vongai Kandiwa

EMail: vk30@cornell.edu

Informal networks of the extended family are often viewed as reliable social safety nets that buffer educational inequalities among children in sub-Saharan Africa. However, this assumed buffering has not been formally evaluated at the macro-level. Yet such assessments are increasingly important at a time of rapid economic transitions and demographic change associated with HIV/AIDS. This paper asks the question: How effective are extended family systems in reallocating fostered children into households with better resource endowments? Using Demographic and Health Survey data, a demographic index is applied to measure the systematic flows of fostered children. Results suggest that at macro level, the extended family system has been modestly effective in channeling children into households with fewer children. However, the potential for inequality buffering depends on the overall economic environment and the micro-level dynamics within receiving households. Future analyses will cover a larger set of sub-Saharan countries where DHS data are available.

21. ESTIMATING TRENDS IN ORPHANHOOD AMONG YOUNGER PERSONS IN THE ERA OF HIV/AIDS IN SOUTH AFRICA, 2001 - 2006 / ÉVALUER LES TENDANCES DE L'ORPHELIN PARMIS LES JEUNES GENS À L'ÈRE DU VIH/SIDA EN AFRIQUE DU SUD DE 2001 À 2006

Eric O Udjo

EMail: udjoe@unisa.ac.za

Brass developed the "orphanhood questions" to estimate adult mortality. Some researchers have used the questions to estimate the magnitude of orphans for persons younger than 15 years in the context of HIV/AIDS though the questions were not designed for that purpose. The purpose of this study is to estimate the trends and the number of orphans in the era of HIV/AIDS in South

Africa. The data used are the 2001 South Africa Population Census, the Human Sciences Research Council/Nelson Mandel population based HIV prevalence studies as well as the South Africa 1998 Demographic and Health Survey. The estimation process consisted of a cohort component method to estimate the age-sex distributions and mortality during the period 2001-2006. On the basis of HIV prevalence curves fitted to observed data, the number of orphans due to AIDS and trends were then estimated. These values were compared with those obtained from Brass orphanhood questions.

21. INCOME GENERATING ACTIVITIES AND HIV/AIDS IN THE JUVENILE POPULATION IN CONGO / ACTIVITÉS GÉNÉRATRICES DE REVENUS ET VIH/SIDA DANS LA POPULATION JUVÉNILE AU CONGO

Prisca Rolande Miyouna

EMail: kaprismith@yahoo.fr

En 2004, le taux de prévalence du VIH/SIDA au Congo était estimé à 4,2% pour l'ensemble de la population. On comptait entre 80000 et 110000 personnes infectées (Ministère de la Santé, 2004), avec un pourcentage élevé chez les jeunes (Boungou Bazika, 2007). Cette communication a pour objectif d'analyser l'impact des activités génératrices des revenus dans la réduction du risque d'infection au VIH/SIDA chez les jeunes vivant dans la localité d'Ewo au Congo. Cette localité dispose de facteurs (pauvreté, migration, prostitution, défaillance du système de santé) favorisant une large propagation du VIH. La méthodologie est basée sur une enquête menée auprès de 372 jeunes âgés de 15-24 ans. Une approche comparative entre les jeunes ayant une activité génératrice de revenus et ceux n'exerçant pas ce genre d'activités a été utilisée pour mesurer le risque face au VIH, et dégager des leçons au niveau des ménages et de la communauté.

22. ADULT MORTALITY BASED ON DEATH NOTIFICATION DATA IN SOUTH AFRICA: 1997-2004 / LES TENDANCES DES CAUSES NATURELLES ET NON NATURELLES DE LA MORTALITÉ ADULTE EN AFRIQUE DU SUD: 1997 – 2004

Barbara A. Anderson and Heston Phillips

EMail: barba@umich.edu

This study examines natural and unnatural cause mortality in South Africa between 1997 and 2005. The division of natural and unnatural mortality is important because policies to decrease natural mortality require things such as immunization programs and health promotion campaigns to improve diet and reduce smoking. Reductions in unnatural mortality require things such as the promotion of safe driving practices, and policing programs to reduce homicides etc. that the findings indicate that natural cause mortality has increased substantially during this period. The age-standardized rate in 2005 was more than twice the rate in 1997 for males and nearly 3 times the value for females. The age-standardised rate for unnatural deaths declined slightly over this period. In 1997, among those alive on their 15th birthday, females had a better chance of living to their 40th birthday than males. In 2005, males had a better chance.

22. ESTIMATING ADULT MORTALITY IN CAMEROON FROM CENSUS DATA ON HOUSEHOLD DEATHS: 1976-1987 / EVALUER LA MORTALITÉ ADULTE AU CAMEROUN À PARTIR DES DONNÉES DU RECENSEMENT SUR LES DÉCÈS DANS LES MÉNAGES: 1976-1987

Martin Bangha

EMail: wbangha@pop.upenn.edu

Many African countries lack conventional data sources for systematic assessment of adult mortality. Substitute techniques developed for this purpose have not been widely tested and so, are not as widely accepted as the birth histories approach used for childhood mortality. However, several African censuses have progressively collected requisite information for these techniques that have not been systematically analyzed. This paper uses data from the 1976 and 1987 censuses to assess adult mortality in Cameroon prior to the onset of HIV/AIDS. By applying the death distribution techniques to a setting where requisite data are believed to be essentially incomplete, this contributes towards the ongoing evaluation of these techniques (Hill and Thomas 2007). Results indicate that adult mortality in Cameroon was stably high over time, with slight improvement in adult female mortality as male mortality stagnated. In contrast to the recent DHS results for Cameroon, the census data suggest higher adult mortality.

22. ADULT MORTALITY IN SOUTHERN AFRICA USING DEATHS REPORTED BY HOUSEHOLDS: SOME METHODOLOGICAL ISSUES AND RESULTS / EVALUATION DE LA MORTALITÉ ADULTE BASÉE SUR LES DÉCÈS SIGNALÉS PAR LES MÉNAGES EN AFRIQUE AUSTRALE : QUELQUES QUESTIONS MÉTHODOLOGIQUES ET RÉSULTATS

Rob Dorrington, Ian M Timaeus and Simon Gregson

EMail: rob.dorrington@uct.ac.za

Censuses in developing countries quite often ask households to report the number of deaths in a period immediately prior to the census but these data don't seem to have been used much to produce estimates of adult mortality in Southern Africa in recent years. This paper analyses the potential biases in these data and applies a combination of the generalized growth balance and synthetic extinct generations method to data adapted from censuses in Zimbabwe to produce estimates of mortality. These estimates are compared with those produced by other researchers and found to be broadly consistent and the results are interpreted in the context of similar applications to data from Swaziland and Botswana.

22. MEASURING ADULT MORTALITY IN THE ERA OF HIV/AIDS: ESTIMATES FROM CENSUS AGE DISTRIBUTION / MESURER LA MORTALITÉ ADULTE DANS LE CADRE DU VIH/SIDA: ÉVALUATIONS À PARTIR DU RECENSEMENT DE LA DISTRIBUTION PAR ÂGE

Robert G. Mswia, Philip W Setel and Tukufu Zuberi

EMail: rmswia@unc.edu

In resource-poor settings, researchers apply various techniques to estimate mortality and other demographic outcomes. Preston-Bennett technique is employed to illustrate how one can estimate levels of adult mortality in the era of HIV/AIDS, using data on population age distribution from two consecutive censuses in the United Republic of Tanzania. This method indirectly takes into account the impact of HIV/AIDS on the population that would not be captured by other estimation techniques. We find high levels of mortality between ages 15-60 years in the inter-censal period.

The timing and age-patterns of mortality strongly suggest a major demographic impact of HIV/AIDS. We also find significant sex differentials on mortality levels: younger women more affected than men. In the absence of a vital statistics system that produces good quality, representative data on mortality levels and causes of death, census-based age-distribution methods can be useful for investigating the HIV/AIDS impact on mortality.

22. WHAT CAN CENSUS DATA ON HOUSEHOLD DEATHS TELL US ABOUT ADULT MORTALITY IN LESOTHO AND BOTSWANA? / QUE PEUVENT NOUS DIRE, À PROPOS DE LA MORTALITÉ ADULTE AU LESOTHO ET AU BOTSWANA, LES DONNÉES DU RECENSEMENT SUR LES DÉCÈS DANS LES MÉNAGES?

Kevin J A Thomas and Kenneth Hill

EMail: kevinth2@pop.upenn.edu

Recent African censuses have collected information on household deaths in the previous year. However, this information has remained largely under-utilized. In the presence of a spreading HIV/AIDS epidemic and a dearth of reliable estimates on adult mortality levels and trends in Africa, this information can be exploited to derive mortality estimates essential for monitoring health outcomes. In this study, the overall objective is to evaluate the completeness of household death information collected in African censuses and explore their utility in mortality analyses. Specific objectives include the following: (1) Evaluate the completeness of census data on household deaths, by sex and age. (2) Use adjusted household death information to generate adult mortality estimates. (3) Compare mortality estimates derived from the adjusted data on household deaths with similar estimates from other direct and indirect sources. (4) Describe mortality patterns and trends in the context of the HIV epidemic.

23. CHANGING PATTERN OF CARE AND SUPPORT FOR THE AGED LIVING IN AKUNGBA-AKOKO, NIGERIA / CHANGEMENT DE STRUCTURE DE PRISE EN CHARGE ET TYPE DE SOUTIEN AUX PERSONNES ÂGÉES VIVANT À AKUNGBA-AKOKO, NIGERIA

Emmanuel A Fayankinnu and Adeyemi A Fayankinnu

EMail: yahdammy@yahoo.com

This paper examines the pattern of changes in the care and support for the aged in Akungba-Akoko Nigeria; factors responsible for these changes, effects of the changes on the well-being of the aged and coping strategies employed to cushion the impact of changes on their well-being. Using a qualitative design, the paper revealed that the traditional care and support systems for the aged are declining due to the changing perception of ageing/old age, western influence, urban migration, women entry into paid employment and economic recession. These impede on the well-being of the aged leading to coping mechanisms like alms begging, selling personal belongings, working for other people and depending on social service providers like church and local government. The paper concludes that the changes in the care and support for the aged impede on their well-being hence, the need to give attention to these changes.

23. DIFFERENCES BETWEEN MEN AND WOMEN IN A HOUSEHOLD OF DISCONTINUED GENERATIONS: EVOLUTION IN TIME AND EXPLANATORY FACTORS / LES DIFFÉRENCES HOMMES-FEMMES DANS LA VIE D'UN MÉNAGE À GÉNÉRATION COUPÉE : ÉVOLUTION DANS LE TEMPS ET FACTEURS EXPLICATIFS

Mahamane Ibrahima and Thomas LeGrand

EMail: m.ibrahima@umontreal.ca

Autrefois vénérées et entourées par toute la famille, les personnes âgées en Afrique Subsaharienne vivent de plus en plus avec uniquement - des jeunes enfants. Ce phénomène, appelé celui de génération coupée, est un problème qui revêt une importance capitale, parce qu'il consiste en la cohabitation des franges les plus pauvres et les plus vulnérables de la société africaine avec une différence entre les hommes et les femmes. Les principales raisons sont la mortalité adulte due au VIH/SIDA, la migration (dans la portion australe de l'Afrique Subsaharienne), l'urbanisation et ses corollaires. Notre objectif est de mettre en exergue les facteurs explicatifs de la différence homme-femme dans la propension à vivre dans un ménage à génération coupée au Niger, en utilisant les données des échantillons 10% des recensements de la population du Niger réalisés en 1988 et 2001. Ce choix entre aussi dans le cadre de la valorisation des recensements en Afrique Subsaharienne francophone.

23. THE ELDERLY, PARENT-CHILD RELATIONSHIPS AND AIDS IN RURAL SOUTH AFRICA / LES PERSONNES ÂGÉES, LES RELATIONS ENTRE PARENT-ENFANT ET LE SIDA EN MILIEU RURAL SUD AFRICAIN

Enid Schatz, Rebecca Livengood and Sangeetha Madhavan

EMail: schatzej@health.missouri.edu

In this study, qualitative interviews were used to explore the impact of the AIDS epidemic on parent-child reciprocity relationships, from the perspective of young and old rural South Africans. Typically, adult children provide monetary support and care to aging parents reciprocating for care given while growing up; however, this relationship may be changing due to a 21.5% national HIV-prevalence among 15-49 year-olds, leading to elderly parents frequently outliving their children. Reciprocity relationships are particularly important in developing countries where institutionalized social programs for elderly are weak or nonexistent. South Africa is unique among developing countries in that the government provides assistance through non-contributory pensions; however, these pensions may not fully meet the needs of the elderly, with AIDS straining already scarce resources and creating demands to pool household incomes. Understanding current expectations of the parent-child relationship will assist in developing policies that respond to the needs of young adults, the elderly and their households.

23. MEASURING THE WELLBEING OF THE ELDERLY. / EVALUATION DU NIVEAU DE BIEN ÊTRE DES PERSONNES ÂGÉES

Edwige Nfoume Ella and Nicole Ntsame Ondo

EMail: edwigemax@yahoo.fr

En Afrique, le nombre de personnes âgées, estimé actuellement à un peu plus de 38 millions devra atteindre 212 millions en 2050. Le Gabon n'échappe pas à cette logique. Selon les données du recensement général de la population et de l'habitat de 1993, le nombre des personnes âgées de 65 ans et plus s'est accru, passant de 20274 - en 1960 à 47472 en 1993. Cette augmentation

s'accompagne de nombreux maux et constitue un réel problème pour les pouvoirs publics. En effet, les personnes âgées sont confrontées à de nombreux maux : la pauvreté, l'isolement et surtout les difficultés d'accès aux soins de santé, etc. Pour en limiter le processus, l'Etat et la Société Civile ont initié certaines actions concourant à la protection sociale de la personne âgée, mais ces actions restent encore insuffisantes dû à l'existence des structures d'accueil dérisoires et de la non couverture totale des soins de santé.

25. THE LAGGING DEMOGRAPHIC AND HEALTH TRANSITIONS IN RURAL ETHIOPIA, 1990-2005: ANALYSIS OF PRODUCTIVE ASSETS, SOCIOCULTURAL, AGRO-ECOLOGICAL AND HEALTH SERVICE COVERAGE FACTORS EFFECTING TRENDS IN FERTILITY, MORTALITY AND NUTRITION / LE RETARD DANS LES TRANSITIONS DÉMOGRAPHIQUES ET DE SANTÉ EN MILIEU RURAL ÉTHIOPIEN, 1990-2005

Charles H Teller, Tesfayi Gebreselassie and Assefa Hailemariam

EMail: cteller@prb.org

This study focuses on the lagging demographic transition in overwhelmingly rural Ethiopia in the past 15 years, and suggests policy implications for their acceleration. Constructing comparable trend data from the 3 nationally representative surveys since 1990, we observe rural-urban divide in Ethiopia widening, with Addis Ababa having gone through the fertility transition to below replacement TFR (1.4), but rural areas remain in a pre-transition level (6.0) However, the epidemiological transition is in progress, with steadily lowering under-five mortality and chronic malnutrition. Factors which reduce fertility, such as rising CPR and age of marriage, female education and reduced desired family size, are occurring, but without effecting rural fertility so far. New indicators of other factors affecting the transition will be analyzed, including rural assets, socio-cultural norms, agro-ecological zones and access to health services. Implications for assisting the governments reaching their strategic objectives in population, health and rural development programs will be discussed.

25. THE EFFECT OF INTERVENTIONS TO REDUCE FERTILITY ON ECONOMIC GROWTH / LES EFFETS DES INTERVENTIONS DE REDUCTION DE LA FÉCONDITÉ SUR LA CROISSANCE ÉCONOMIQUE

Quamrul Ashraf, Ashley Lester and David N Weil

EMail: quamrul_ashraf@Brown.edu

This paper analyzes quantitatively the economic effects of interventions that reduce fertility in developing countries. The analysis helps build up an answer to the macroeconomic question of how fertility changes affect economic output by starting with microeconomic evidence on how demographic factors affect household economic behavior. These microeconomic effects are then aggregated using simple economic theory and embedded in a dynamic model that follows changes in the demographic structure over time. Among the channels by which demographics affect the economy that we consider are pressure on fixed natural resources, changes in human capital accumulation, demand for physical capital, changes in the age structure of the labor force, and the interaction of age structure changes with life cycle saving. This micro-based approach represents an alternative to cross-country regressions that have frequently been used (incorrectly, in the authors' view) to examine how fertility changes affect the economy.

25. THE ROLE OF DEMOGRAPHIC EFFECTS IN CHANGES IN POVERTY IN THE PROVINCE OF KWAZULU-NATAL, SOUTH AFRICA, 1993 TO 2004 / LE RÔLE DES EFFETS DÉMOGRAPHIQUES SUR LE CHANGEMENT DE LA PAUVRETÉ DANS LA PROVINCE DE KWAZULU-NATAL, AFRIQUE DU SUD, 1993-2004

Ingrid Woolard, Murray Leibbrandt and David Lam

EMail: Ingrid.Woolard@uct.ac.za

In this paper, a household panel data set is used to analyse household income mobility among Africans in South Africa's most populous province, KwaZulu-Natal, between 1993 and 2004. The study assesses the role of demographic factors in these changes by measuring well-being as income per adult equivalent and then by examining the relative importance of changes in the denominator of this measure. Compared to industrialised and most developing countries, mobility has been quite high, as might have been expected after the transition to democracy in South Africa. This finding appears to be robust when measurement error is controlled for. When disaggregating the sources of mobility, the findings indicate that demographic changes and employment changes account for most of the mobility observed. This is related to rapidly shifting household boundaries and considerable labour market churning.

25. ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS: THE CONTRIBUTION OF FULFILLING UNMET NEED FOR FAMILY PLANNING / ATTEINDRE LES OBJECTIFS DU MILLÉNAIRE POUR LE DÉVELOPPEMENT: PALLIER AU BESOIN DE PLANNING FAMILIAL

Scott Moreland

EMail: smoreland@constellagroup.com

Meeting unmet need for family planning can help countries achieve the MDGs by lowering their costs. A benefit-cost analysis was applied to 16 African countries: Burkina Faso, Cameroon, Chad, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Mali, Niger, Nigeria, Rwanda, Senegal, Tanzania, Uganda, and Zambia. Analyses were included for five of the eight MDGs (universal primary education, child mortality, maternal health, environmental sustainability; and HIV/AIDS, malaria and other diseases.). The costs of family planning and of meeting the five MDGs were estimated under two population scenarios. The additional costs of family planning was compared to the savings that family planning will generate in the selected MDG sectors. Overall, benefit-cost ratios ranged from 2.03 in Ethiopia to 6.22 in Senegal. Meeting unmet need can also help avert maternal, infant and child deaths. In Tanzania, 18,688 mothers' lives could be saved. In Ethiopia and Nigeria, more than one million children's lives would be saved.

26. USING THE NEW RELATIONSHIP HISTORY CALENDAR METHOD TO IMPROVE SEXUAL BEHAVIOR DATA / UTILISER LA NOUVELLE MÉTHODE DU CALENDRIER HISTORIQUE DES RELATIONS POUR AMÉLIORER LES DONNÉES SUR LE COMPORTEMENT SEXUEL

Nancy Luke, Shelley Clark and Eliya M Zulu

EMail: nluke@brown.edu

Throughout sub-Saharan Africa, young people engage in risky sexual behaviors that lead to poor reproductive health outcomes. The period from adolescence to early adulthood is characterized by the formation, evolution, and dissolution of diverse types of relationships coinciding with complex changes in sexual behaviors and risk. Survey data on sexual behaviors within these diverse

partnerships tend to be quite limited and suffer from measurement error. New data collection approaches are needed to improve the scope and quality of sexual behavior data. This paper describes a new survey method, the Relationship History Calendar (RHC), which collects detailed, 10-year retrospective data on the romantic and sexual relationships of young people. The structure of the questions and the interview process of the RHC are designed to minimize recall and social desirability biases. We report results of the feasibility and acceptability of the RHC as well as the quality of sexual behavior data obtained.

26. DOES HIV TESTING IMPROVE ATTITUDES TOWARDS PEOPLE LIVING WITH AND AFFECTED BY HIV/AIDS? A COMPARISON OF ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/AIDS (PLWHA) AMONG INDIVIDUALS WHO KNOW THEIR HIV/AIDS STATUS AND THOSE WHO DO NOT / LE TEST DU VIH AMÉLIORE-T-IL LES ATTITUDES ENVERS LES PERSONNES VIVANT AVEC ET AFFECTÉES PAR LE VIH/SIDA? COMPARAISON DES ATTITUDES DES INDIVIDUS CONNAISSANT LEUR STATUT SÉROLOGIQUE RELATIF AU VIH/SIDA AVEC CELLES DE CEUX QUI NE LE CONNAISSENT PAS

Serai D. Rakgoasi

EMail: rakgoasi@mopipi.ub.bw

The paper uses data derived from the 2004 Botswana AIDS Impact Survey (BAISII) to compare attitudes towards PLWHA among individuals who have undergone HIV testing and those who have not undergone HIV testing. The results show that HIV testing does have an impact on attitudes towards PLWHA. Having ever tested for HIV was associated with increased odds of expressing positive attitudes towards PLWHA. Among those who tested, it was not important whether such a test was undertaken during the year prior to the survey or not. The timing of the HIV test did not show any discernable influence on attitudes towards PLWHA. However more interesting is the role that being aware of one's HIV test results, and by extension their HIV status, plays in influencing their attitudes towards PLWHA among individuals who have ever tested for HIV.

26. SAVING FOR THE FUTURE? HIV TESTING AND ECONOMIC BEHAVIOR / LES EFFETS ÉCONOMIQUES DE LA PRISE DE CONNAISSANCE DES RÉSULTATS DU VIH

Rebecca L Thornton

EMail: rebecca@umich.edu

Life expectancy is important for long-term planning such as savings. Because HIV is fatal and there is no cure, learning HIV results could have large effects on subjective life expectancy and subsequent savings decisions. This paper examines how learning HIV results affects economic activity two years after testing by evaluating an experiment in Malawi that randomly assigned individuals incentives to learn their HIV results. HIV- negative persons who learned their status saved significantly more than those who did not learn their status. HIV-positive persons who learned their status were significantly less likely to save than those who did not learn their status. There were no other significant economic effects of learning HIV results among the HIV negatives. This may be, in part, due to no persistent differences in subjective beliefs of infection between the HIV negatives who learned they were negative and those who did not.

26. TRENDS IN EXTRA-PARTNER SEXUAL RELATIONSHIP AND CONDOM USE IN SUB-SAHARAN AFRICA / LES TENDANCES DES RELATIONS SEXUELLES EXTRA-PARTENAIRES ET L'UTILISATION DES PRESERVATIFS EN AFRIQUE SUB-SAHARIENNE

Agbessi Amouzou and Stan Becker

EMail: aamouzou@pedaids.org

Sub-Saharan Africa bears the largest burden of the HIV epidemic, hosting two thirds of the people living with the virus. Because HIV is transmitted mainly through sexual contacts in the region, prevention programs focus mainly on the three means for prevention: Abstinence, condom use, and faithfulness. This study uses data from Demographic and Health Survey in eleven sub-Saharan Africa countries to assess trends in extra-partner sexual relationship and condom use with such partners in the region. Preliminary results indicate a downward trend in both extra-partner relationship and condom use with such partners in the majority of countries. This is observed more among men than women and among unmarried than among married individuals. There is evidence of significant behavior change regarding HIV observed in the increase in condom use with extra-partner relationships. Strategies for HIV prevention must also focus on married or cohabiting couples where the risk of infection is increasing.

27. INCREASING AGEING POPULATION AND CHALLENGES FOR THE WELFARE OF THE AGED: CASE OF GHANA / CROISSANCE DE LA POPULATION ÂGÉE ET DÉFIS POUR LE BIEN-ÊTRE DES PERSONNES ÂGÉES: LE CAS DU GHANA

Kofi Awusabo-Asare and Eugene Darteh

EMail: kawusaboasare@umes.edu

The debate on the age structure of population of Africa has concentrated on the young ages. A dimension less discussed is the increasing proportion of the population aged 65 years and above. In Ghana this increased from 3.0% in the 1960s to 5.3% in 2000 due to increasing expectation of life at birth. This is at a time when the traditional system of relying on children is undergoing changes and in the absence of a universal social security system. The situation feeds into Caldwell's wealth-flow hypothesis. The paper analyses the proportion of the population aged 65 years and above in Ghana from 1960 to 2000. Age-related demographics have implications for the welfare of both the aged and those who are to provide support. The emerging situation needs to be addressed comprehensively in order to remove another layer of poor aged people living in rural areas with inadequate support.

27. WHO WILL BENEFIT FROM THE "DEMOGRAPHIC WINDOW" OF THE MAGHREB COUNTRIES? / A QUI PROFITERA LA FENÊTRE DÉMOGRAPHIQUE DES PAYS DU MAGHREB?

Kamel Kateb

EMail: kateb@ined.fr

Depuis deux décennies les pays du Maghreb ont entamé la seconde phase de la transition démographique. Les taux de croissance de la population ont considérablement baissé suite à la diminution des taux de fécondité. Les projections démographiques des institutions internationales et des instituts nationaux de statistiques montrent des changements remarquables de la structure de la population pour le quart de siècle prochain. La fenêtre démographique (période pendant laquelle il y a moins de jeunes et pas beaucoup de personnes âgées) qui se profile sera-t-elle mise à profit

par ces pays en mettant en œuvre une politique de développement qui rentabiliserait cette « rente démographique » ? À qui profiterait cette manne ? Trois critères seront retenus pour apprécier les effets bénéfiques possibles : la lutte contre la pauvreté, la migration et le rendement du système scolaire.

27. THE SHAPE OF THINGS TO COME: WHY AGE STRUCTURE MATTERS TO A SAFER, MORE EQUITABLE WORLD / LA FORME DES CHOSES À VENIR: POURQUOI LA STRUCTURE D'ÂGE A DE L'IMPORTANCE POUR UN MONDE SANS RISQUE ET ÉQUITABLE?

Elizabeth Leahy

EMail: eleahy@popact.org

Population age structures yield insights into current and future challenges to political stability and human security, and to opportunities that demographic change promotes. This study classifies all national populations into one of four major age structure types, based on the proportional size of three age cohorts. A quantitative analysis shows that each structure has distinct traits in vulnerability to civil conflict, governance, and economic growth. The study finds that countries with very young and youthful age structures have historically been most likely to face challenges to their development and security, but are afforded opportunities through the demographic transition process. Specific emphasis is placed on Africa. Although most national populations in sub-Saharan Africa have a very young age structure, regional disparities are likely to increase in the near future. The diverse issues currently affecting age structures in Africa are discussed, including government policies and funding, health infrastructure, disease and equitable access.

27. DOES HIV/AIDS RETARD THE PACE OF AGE STRUCTURAL TRANSITION IN SUB-SAHARAN AFRICA: THE CASE OF BOTSWANA. / LE VIH/SIDA RETARDE-T-IL L'ALLURE DE LA TRANSITION DE LA STRUCTURE PAR ÂGE EN AFRIQUE SUB-SAHARIENNE: LE CAS DU BOTSWANA

P. Sadasivan Nair

EMail: nairps@mopipi.ub.bw

Although there has been a notable decline in fertility in Botswana since 1971, there is evidence of increasing mortality due to HIV/AIDS in recent times. The demographic transition underway in the country is rather strange. The country has a relatively young age structure. However, the median age has increased from 15.7 years in 1971 to 20.1 years in 2001. The proportion of the economically active age group is 58 percent, which is likely to increase to 59.6 percent in 2011 and 62.1 percent in 2021. This brings in the so-called “window of opportunity”. There was reduction in the young population due to HIV/AIDS deaths and no increase of the old due to the decelerated cohort flows from middle to old ages since AIDS deaths are concentrated in the middle ages. The caveates, momentum effects and the demo-economic interactions are discussed in the paper.

28. DOES SAMPLING AT SERVICE SITES (MARKETS) PRODUCE VALID ESTIMATES OF MATERNAL MORTALITY? EXAMINING SELECTION BIAS IN A NEW APPROACH TO SAMPLING USING THE SISTERHOOD METHOD / L'ÉCHANTILLONNAGE DU LIEU DE SERVICE (MARCHÉS) PRODUIT-IL UNE ÉVALUATION DÉFORMÉE DE LA MORTALITÉ MATERNELLE? EXAMINER LA SÉLECTION BIAISÉE PAR UNE NOUVELLE APPROCHE DE PRÉLÈVEMENT D'ÉCHANTILLONS EN UTILISANT LA MÉTHODE DE "SISTERHOOD".

Jacqueline S Bell, Ouedraogo Moctar, Ann E Fitzmaurice, Nicolas Meda and Wendy J. Graham

EMail: j.bell@abdn.ac.uk

Sampling at Service Sites (Markets) is a new approach that uses non-probability sampling and the sisterhood method to estimate maternal mortality. This study documents the experience in Burkina Faso, where the representativeness of the sample was explored by comparing demographic and socio-economic characteristics of the respondents with those of women measured in a concurrent census in the same area, and these were found to be similar. The census data provided an opportunity to determine which respondent characteristics are most closely associated with maternal mortality, and therefore most relevant in assessing how representative the sample was for estimating mortality indicators. Although household maternal deaths and sisterhood maternal deaths were found to be associated with different sets of characteristics, the two estimates of MMR obtained in the census (for respondents' households and for sisters) were similar. These findings confirm the usefulness of this approach for resource poor countries, with limited information systems.

28. MEASURING MATERNAL MORTALITY THROUGH THE POPULATION CENSUS: EXAMPLES FROM AFRICA / MESURER LA MORTALITÉ MATERNELLE PAR LE RECENSEMENT DE LA POPULATION: CAS DE L'AFRIQUE

Kenneth Hill, Cynthia Stanton and Carla AbouZahr

EMail: Kenneth_Hill@harvard.edu

Reducing maternal mortality is a key Millennium Development Goal, but the measurement of indicators to track progress has proved problematic. Levels of maternal mortality remain high in many developing countries and evidence of progress is hard to detect, especially in low- income settings. A number of survey approaches to measurement (for example sibling histories) have been developed, but results are affected by large sampling and non-sampling errors. Population censuses can serve as an important data source for countries lacking other sources, with potential to produce sub-national and socio-economic differentials in maternal mortality. However, non-sampling errors remain an issue, and careful data evaluation is essential. This paper is an evaluation of census data for estimating maternal mortality from recent censuses in Benin, Lesotho, Namibia, South Africa and Zimbabwe. The results suggest that the population census, given recent advances in data evaluation and adjustment methods, is a promising approach to monitoring maternal mortality.

28. THE LIMITATIONS OF RETROSPECTIVE DATA COLLECTION ON MATERNAL MORTALITY: THE CASE OF THE DHS IN CAMEROON / LES LIMITES DE L'APPROCHE RÉTROSPECTIVE DANS LA COLLECTE DES DONNÉES SUR LA MORTALITÉ MATERNELLE : LE CAS DES EDS DU CAMEROUN

Samuel Kelodjoue

EMail: skelod@yahoo.fr

La mortalité maternelle est encore évaluée au Cameroun sur la base du nombre des sœurs né vivant par femme et le nombre de sœurs encore vivant au moment de l'enquête. Dans ce type d'approche rétrospective, on collecte des informations sur le passé (la fécondité des femmes, la mortalité des sœurs) auprès de personnes vivantes au moment de l'enquête (les femmes de 15-49 ans par exemple). Cette technique présente certaines limites méthodologiques liées le plus souvent au contexte sociologique et anthropologique du milieu concerné. Sur la base d'une analyse croisée des méthodologies des deux dernières Enquêtes Démographiques et de Santé du Cameroun (1998 et 2004), cette communication a pour finalité de montrer l'importance de la mise en garde des utilisateurs de ces informations souvent occulté dans les différents rapports d'analyse malgré leurs conséquences sur le calendrier et l'intensité des événements mesurés.

28. USING CENSUS MICRODATA TO ESTIMATE MATERNAL MORTALITY: SOUTH AFRICA 2001 / UTILISER LES DONNÉES DU RECENSEMENT POUR ÉVALUER LA MORTALITÉ MATERNELLE: AFRIQUE DU SUD 2001

Robert McCaa, Michel Garenne and Kourtoum Nacro

EMail: rmccaa@umn.edu

Census micro data constitute the principal source of data for measuring progress toward this goal because of their national coverage, their large sample size, and their capacity to produce estimates with a precise time reference. For the 2010 round of population censuses, many statistical agencies are planning to include a module on mortality, particularly maternal mortality. The paper examines the strengths and weaknesses of census micro data in measuring maternal mortality from a case study. The 2001 census of South Africa included a question on maternal causes for deaths of women in their reproductive ages occurring in the past 12 months. Maternal mortality estimates derived from the 2001 census are compared to other estimates, from the Demographic and Health Surveys, from the Vital Registration Statistics, and from Demographic Surveillance Systems located in rural areas (Agincourt, Hlabisa). Implications for estimating maternal mortality from census microdata are discussed.

29. CRISES OF SOLIDARITY OR SOLIDARITY IN CRISES? NOTES FROM ANALYSIS OF THE EVOLUTION OF HOUSEHOLD STRUCTURES BETWEEN 1993 AND 2003 IN OUAGADOUGOU (BURKINA FASO) / CRISES DES SOLIDARITÉS OU SOLIDARITÉS DANS LA CRISE ? UNE LECTURE À PARTIR DE L'ANALYSE DE L'ÉVOLUTION DE LA STRUCTURE DES MÉNAGES ENTRE 1993 ET 2003 À OUAGADOUGOU (BURKINA FASO)

Banza Baya and Danièle Laliberté

EMail: bbaya@issp.bf

L'objectif de notre communication est d'appréhender le système de solidarité dans un contexte de crise urbaine, à travers l'analyse de l'évolution de la structure des ménages à Ouagadougou au cours de la dernière décennie écoulée (1993-2003). Cette structure diffère-t-elle selon le sexe du chef de

ménage ? En est-on à des ménages conjugaux ou élargis ? Peut-on parler d'une nucléarisation de la cellule familiale ? Si oui, assiste-t-on à une nucléarisation différentielle des ménages ? Quels en sont les déterminants ? Notre exploration de ces questions est basée sur les données issues des trois enquêtes démographiques et de santé (EDS) réalisées à ce jour au Burkina Faso (1993, 1998/99 et 2003). Tout en vérifiant l'hypothèse de nucléarisation des ménages, nous dressons une typologie des ménages, pour ensuite identifier les principaux déterminants du ménage nucléaire dans le cadre d'une régression logistique.

29. CHANGING PATTERNS IN AGE AT MARRIAGE AND CHILD BIRTH IN RWANDA / CHANGEMENT DE LA STRUCTURE D'ÂGE AU MARIAGE ET LA NAISSANCE AU RWANDA

Anuja Jayaraman and S. Chandrasekhar

EMail: Anuja.Jayaraman@orcmacro.com

Civil war and strife in the 1990's not only slowed down the demographic transition in Rwanda but also altered the structure and composition of population. This study uses data from Rwanda DHS 2005 to estimate a Cox proportional hazard models to identify the determinants of age at marriage and first birth. After controlling for individual characteristics, findings indicate that women living in clusters accounting for larger proportions of the sibling deaths in 1994, the year of genocide, were likely to marry later and have children later compared to those living in clusters accounting for lower proportions of sibling deaths. The possible reason for this finding is that the kinship structure of women who lost their siblings was destroyed. The findings also reveal that women living in regions with higher levels of infant mortality were at higher risk of having their first child earlier compared to women living in regions with lower infant mortality.

29. THE IMPACT OF URBANIZATION ON THE TRADITIONAL FAMILY SYSTEMS IN AFRICA / L'IMPACT DE L'URBANISATION SUR LES SYSTÈMES TRADITIONNELS EN AFRIQUE

Dionisia Maffioli, Giuseppe Gabrielli and Piero Sacco

EMail: maffioli_d@yahoo.it

The paper analyses the family systems in several Sub-Saharan countries and in some of their principal ethnic groups, using data from Demographic and Health Surveys (DHS). A typology of the African family has been established, that seeks to clarify the kinship structure within the household and provides an evaluation of the degree of "nuclearity" of the family. Family classification also put emphasis on polygamy, single parenthood, women-headed families, non-nuclear and single persons families. The objective is to establish if there is an ongoing process of family 'nuclearization' and to determine the impact of urbanization in this process. The rural-urban differences are examined and partially considered as signs of the future evolutions. Ethnicity is also considered owing to the importance of the cultural heritage in shaping family systems and their evolution. In a cross sectional perspective, an attempt to explore connections between family change and fertility by a factorial analysis was performed.

29. GENDERING KNOWLEDGE: GENDER DEBATES IN A LAND RESETTLEMENT CONTEXT - THE CASE OF MUPFURUDZI (ZIMBABWE) / APPROACHE GENRE DU SAVOIR: DUBAT SUR LE QUERE DANS LES SITES DE RECASEMENT – LE CAS DE MUPFURUDZI (ZIMBABWE)

Netsayi Noris Mudege

nmudege@aphrc.org

This paper discusses the social construction and reconstruction of gender roles in relation to agricultural knowledge claims in a land resettlement area. Many women were politically active in the war of liberation where the land question dominated the agenda. However, at independence, the land question was framed in terms of race and gender issues were sidelined. Despite the fact that women were not resettled in their own right, women are not simply victims of the system but maneuver within the system to gain advantages. This paper discusses strategies that women use to challenge males within their families and the resultant conflicts and contradictions. It also discusses decision-making, investments and poverty as concepts and practices that can illuminate the gendering and gendered nature of knowledge within resettlement schemes. Claims of knowledge by both men and women are in the final analysis claims over the ownership of household and family resources.

30. SOCIO-ECONOMIC DETERMINANTS OF GENDER BASED VIOLENCE IN CÔTE D'IVOIRE / DÉTERMINANTS SOCIO-ÉCONOMIQUES DES VIOLENCES BASÉES SUR LE GENRE EN CÔTE D'IVOIRE

Anoh Amoakon, Odette Amino Sika and Yvonne K. Bosso

EMail: anoh_akon@yahoo.fr

Partout dans le monde, les violences basées sur le genre continuent de s'exercer malgré les résolutions internationales et l'engagement des gouvernements visant à les réduire. Elles ont des répercussions psychologiques, morales et sociales sur la vie des victimes et leur famille. En Côte d'Ivoire, la crise politico-militaire qui a éclaté le 19 septembre 2002 a démultiplié les facteurs de risque. Les réponses apportées par les structures publiques, les ONG et les partenaires au développement sont localisées principalement dans certaines zones ayant accueilli le plus grand nombre de personnes déplacées internes. Il importe de documenter ce phénomène pour mieux cibler ces actions. A partir des données disponibles, notamment les résultats de l'enquête sur les indicateurs du Sida (EIS 2005), nous caractérisons la perception des VBG par les hommes et les femmes ainsi que l'exercice des VBG au cours de l'année précédant l'enquête ; nous examinons ensuite les facteurs socio-économiques des VBG.

30. GENDER BASED VIOLENCE IN AKUNGBA-AKOKO OF SOUTH WESTERN NIGERIA: ARE MEN VICTIMIZED? / VIOLENCE BASÉE SUR LE GENRE À AKUNGBA-AKOKO AU SUD OUEST DU NIGÉRIA: LES HOMMES SONT-ILS VICTIMISÉS?

Emmanuel A Fayankinnu

EMail: yahdammy@yahoo.com

There is little or no population-based study conducted on domestic violence (DV) meted toward men by women in Nigeria. This paper identifies forms of domestic violence men experience from women (intimate partner); the prevalence rate; and its consequences on men's social well being and psychological health, using a qualitative and quantitative approach. Findings revealed that 84.2%

of men have experienced at least an act of DV. Men and women reported that Verbal/psychological (76% and 60.7%) and sexual violence (58.9% and 68.8%) constitute the major forms of DV experienced by Men. Men are equally violated by women but cases are grossly under-reported. Qualitative findings indicate that men who have experienced one form of domestic violence are likely to manifest low social and psychological health; have extra marital affairs- rendering them susceptible to STIs and HIV/AIDs, and alienated from self identity. The paper concludes with recommendations.

30. THE PROBLEM OF THE IMPLICATION OF SOLDIERS IN VIOLENT SEXUAL ACTS IN D.R.CONGO / PROBLÉMATIQUE DE L'IMPLICATION DES MILITAIRES DANS LES ACTES DE VIOLENCES SEXUELLES EN R.D. CONGO

Théodore-Macaire Kaminar Nsiy Kawu

EMail: nsiykaminar@yahoo.fr

Les guerres de 1996 et 1998 en R.D.Congo n'ont fait qu'empirer la situation de criminalité déjà déplorable et provoquer des actes de violences sexuelles qui sont devenues plus fréquentes, dans leurs formes les plus atroces. Les victimes, surtout les femmes sont atteintes dans leur dignité, dans leur intégrité physique et morale, mais aussi dans leur vie. Ces violences sexuelles sont utilisées comme butin et arme de guerre par les militaires congolais. Plusieurs rapports démontrent l'implication des militaires dans les violences sexuelles et autres crimes. Certains opportunistes habitués à profiter du climat d'insécurité et d'impunité continuent à commettre des actes d'abus et de violences sexuels. Compte tenu des conséquences de ces violences faites aux femmes, le Gouvernement a mis en place une loi sur les violences sexuelles et applique les traités internationaux relatifs aux droits de l'homme pour réprimer sévèrement les différentes formes de violences sexuelles, jadis non incriminées dans la législation Congolaise.

30. FEMALE GENITAL MUTILATION PRACTICE IN NIGERIA: PATTERNS, PREVALENCE AND REMEDIES / LA PRATIQUE DE LA MUTILATION GÉNITALE FÉMININE AU NIGÉRIA: MODÈLES, PRÉVALENCE ET REMÈDES

Chinyere C. P. Nnorom

EMail: ccnnorom@yahoo.com

The paper analyzes data collected during the NDHS 1999 survey on Female Genital Mutilation (FGM), with a view of ascertaining the type and extent of prevalence. The study reveals that FGM is widespread in all the regions with clitoridectomy accounting for about 80 percent of the cases. Infibulation and excision were also found to be in practice though on a smaller scale. When compared with NDHS 2003, there were considerable similarities in the two surveys. Other studies conducted by some individuals and organisations by state, type and prevalence rates were also reviewed and it was discovered that types II and IV were the more common. Prevalence rate ranged from 1 percent to nearly 100 percent in some states. Durkheim's functionalist theory was used to support the continued existence despite the outlined implications. The paper suggests ways the practice could be curtailed to ensure better health for women.

32. IMPLICATIONS OF MEN'S LABOR MIGRATION FOR WOMEN'S HIV/AIDS RISKS IN RURAL MOZAMBIQUE / LES IMPLICATIONS DE LA MIGRATION DE LA MAIN D'ŒUVRE MASCULINE SUR LES RISQUES DU VIH/SIDA CHEZ LES FEMMES EN MILIEU RURAL AU MOZAMBIQUE

Victor Agadjanian, Carlos Arnaldo and Boaventura Cau

EMail: agadjanian@asu.edu

This study examines how Mozambican men's labor migration, mainly to South Africa, may increase their non-migrating wives' risks of HIV/AIDS by amplifying women's economic insecurities and social vulnerabilities and undermining spouses' commitment to marriage. The study employs quantitative and qualitative data collected in rural areas of southern Mozambique in 2006. The quantitative data come from a survey of 1678 married women in 56 villages, with a sample consisting of approximately equal numbers of women married to migrants and women married to non-migrants. The qualitative data comprises in-depth interviews with a sub-sample of 72 survey respondents with migrant husbands. The statistical models compare women married to migrants to those married to non-migrants. The qualitative analyses are integrated with the statistical analyses to provide additional insights into how men's migration reconfigures women's marital relations, survival strategies, and social networks in the way that may directly or indirectly bear on women's HIV/AIDS risks.

32. SOCIOECONOMIC STATUS AND HIV INFECTION AMONG WOMEN IN KENYA / LA SITUATION SOCIO-ÉCONOMIQUE ET L'INFECTION DU VIH CHEZ LES FEMMES AU KENYA

Eunice Muthengi

EMail: emuthengi@ucla.edu

Previous studies examining the effect of socioeconomic status on HIV in Africa have produced mixed, and sometimes contradictory results. This study looks at independent effects of education attainment and household wealth on HIV infection among women in Kenya. The sample includes 3,118 women tested for HIV in the 2003 Kenya Demographic and Health Survey. Education was positively associated with HIV infection for women in rural areas, and negatively associated with HIV for women in urban areas. However, the effect was not statistically significant after controlling for wealth. Wealth had a significant, positive association with HIV infection even after controlling for education. An interaction between wealth and ethnic group was only significant for Kalenjin women, indicating that greater wealth increased their odds of infection as compared to Kikuyu women. The results suggest that wealth and education have different effects on HIV risk, although the effect of wealth is more salient.

32. SURVIVAL ANALYSIS OF AIDS IN-PATIENTS AT JOINT CLINICAL RESEARCH CENTRE, UGANDA / L'ANALYSE DE SURVIE DES MALADES DU SIDA AU JOINT CLINICAL RESEARCH CENTRE DE L'OUGANDA

Jonathan Odwee and Thomas Otim

EMail: jodwee@isae.mak.ac.ug

The study compares survival between ARV- experienced, and naive in-patients and determine prognostic factors related to their survival. The majority of the patients were in WHO disease Stage 4. Tuberculosis was most prevalent in the ward while cryptococcal meningitis was the leading cause of death. The median survival time in the ARV group was 180 days while that of the naive

was 36 days. ARV use reduced the risk of dying by a factor of 0.5 in patients in Stage 4 but did not significantly affect survival in the other stages of the disease. The older patients were 2.7 times more likely to die than the younger ones in earlier disease stages. It is concluded that ARV patients survived longer than the naive in-patients and ARV use is a prognostic factor for Stage 4 patients. Age is a prognostic factor but only for patients in lower stages of disease.

32. HIV STATUS AND FERTILITY INTENTION: WHAT DOES KNOWLEDGE HAVE TO DO WITH IT? / LA SITUATION DU VIH ET L'INTENTION DE LA FÉCONDITÉ: QU'EST-CE QUE LA CONNAISSANCE A À AVOIR AVEC CELA?

Sara Yeatman

EMail: yeatman@prc.utexas.edu

Despite the extent of the AIDS epidemic in sub-Saharan Africa, one of the remaining regions with high actual and desired fertility, little is known about how it influences fertility preferences. In this paper, a quasi-experimental design is employed to explore how learning one's HIV status influences thinking about childbearing. Drawing on the case of rural Malawi, the study uses data collected over a unique period where no one "knew" their HIV status until HIV testing and counseling was offered door-to-door as part of a longitudinal study. However, in the absence of an HIV test, people are not oblivious to their HIV status; thus, the study explores how "local" knowledge—or speculation—about one's HIV status interacts with biomedical knowledge to influence fertility preferences. findings indicate a large depressive effect of learning one is HIV positive on the desire to continue childbearing, an effect that is greatest among those who are surprised by their HIV results.

33. SCHOOLING AS A LOTTERY: RACIAL DIFFERENCES IN SCHOOL ADVANCEMENT IN URBAN SOUTH AFRICA / L'ÉDUCATION EN TANT QUE LOTERIE: LES DIFFÉRENCES RACIALES DANS L'AVANCEMENT AU NIVEAU DE ÉDUCATION EN MILIEU URBAIN SUD AFRICAIN

Cally Ardington, David Lam and Murray Leibbrandt

EMail: Cally.Ardington@uct.ac.za

This paper analyzes the large racial differences in progress through secondary school in South Africa using recently collected longitudinal data. A stochastic model of grade repetition that produces a number of testable predictions relevant to the South African school environment is developed. The prediction here is that a higher stochastic component in the link between learning and measured performance will tend to generate higher enrolment, higher failure rates, and a weaker link between observable characteristics and grade progression. Following the progress of students who were enrolled in grades 8 to 12 in 2002 in the Cape Area Panel Study, we find that the probability of grade advancement and enrolment is much more strongly associated with the respondents' scores on a baseline literacy and numeracy evaluation for white and coloured students than for African students, a result that is consistent with the developed stochastic model of grade repetition.

33. ECONOMIC RETURN OF EDUCATION IN A MULTICULTURAL SETTING: AFRICAN FEMALE MIGRANTS FROM A COMPARATIVE PERSPECTIVE / L'APPORT ÉCONOMIQUE DE L'ÉDUCATION DANS UNE STRUCTURE MULTI CULTURELLE: UNE PERCEPTION COMPARATIVE DES FEMMES AFRICAINES MIGRANTES

Yaghoob Foroutan

EMail: y_foroutan@yahoo.com

This paper examines the association between women's education and employment in comparison with other competing determinants of market employment. This examination is conducted in a comparative perspective among women living in the Australian multicultural context with a wide range of ethnic groups from throughout the world in which African female migrants have been given specific attention. The paper is an empirical investigation in the course of finding out answers for such key questions as: Does education provide equal economic outcomes?; more specifically, Where is the place of education in the success of African female migrants in this multicultural context, compared with the native-born and other ethnic groups such as those with European or Asian background? How important is the influence of education on women's market employment while other determinants are controlled?

33. FUTURE RETURNS TO EDUCATION IN ETHIOPIA, KENYA, AND NIGERIA / LES APPORTS FUTURS DE L'ÉDUCATION EN ETHIOPIE, AU KENYA ET AU NIGÉRIA

Anne Goujon and Samir K.C.

EMail: Anne.Goujon@peaw.ac.at

This paper proposes to project the population by levels of educational attainment of three African countries with a large population: Ethiopia, Kenya, and Nigeria. It employs the methodology of multi-state population projections. The scenarios developed for the projections pay special attention to the consequences of high population growth on the capacity of the education system to absorb the growing number of pupils. Another important aspect of the projection is to look at the numerous by-products created within the schooling process – outcomes that occur as a result of cross-sect oral consequences of the education process. Only two examples of those benefits associated with education – to child mortality and to fertility – which are apparent from the projection exercise are shown.

33. THE RELATIONSHIP BETWEEN LEVEL OF SCHOOLING, MAIN ECONOMIC ACTIVITY AND HOUSEHOLD ASSETS / LA RELATION ENTRE LE NIVEAU D'ÉTUDE, L'ACTIVITÉ ÉCONOMIQUE PRINCIPALE ET LES BIENS DES MÉNAGES

Rosalia S. Katapa

EMail: rskatapa@udsm.ac.tz

Associations between levels of schooling among people aged 15 to 65 years, main economic activities and ownership of household assets were examined using data collected in Tanzania in 2005. The following question was also answered: With the same level of schooling, is there a significant difference in main economic activities with respect to sex, residence and age? The findings showed that people who had never attended school and those with primary education were concentrated in agriculture; secondary school graduates with training and those with tertiary education occupied white-collar jobs. Whereas the percentage of people in agriculture decreased with increasing level of education, the contrary was the case for the employed. Smaller percentages of males than females, urban than rural and young than old were in agriculture in almost all educational levels. Higher percentages of educated people lived in good quality houses and had household assets than those with low education.

34. AFRICAN FOREIGN STUDENT MOBILITY, BRAIN DRAIN, AND DEVELOPMENT / LA MOBILITÉ DE L'ÉTUDIANT ÉTRANGER AFRICAIN, LA FUITE DE CERVEAU ET LE DÉVELOPPEMENT

Mary M Kritz

EMail: mmk5@cornell.edu

This paper examines the linkages between African international migration for higher education and brain drain and development. Countries need skilled human capital to develop health, education, development, and other institutions and systems based on global technologies, practices, and systems. Growing numbers of Africans have migrated to North America, Europe and other countries for higher education in recent decades, but many have not returned home after completing their studies, remaining in the countries where they did their studies, or moving to other countries to work for international development agencies. Other Africans completed their tertiary studies in their homelands but subsequently emigrated for higher paying jobs in other countries. We examine the magnitude of African migration in search of higher education and skilled employment, evaluate whether these flows are a brain drain or brain gain as some argue, and identify policy solutions that could mitigate the negative effects of skilled migration.

34. AFRICA BRAIN DRAIN: SCOPE AND DETERMINANTS / LA FUITE DE CERVEAU DE L'AFRIQUE: ENVERGURE ET DÉTERMINANTS

Abdeslam Marfouk

EMail: a.marfouk@skynet.be

A large empirical literature has examined the determinants of international migration flows. Mostly due to lack of adequate data, the emigration from African countries has not received all the attention it deserves. In this study, we use a new and unique data set on the education structure of migration developed by Docquier and Marfouk (2006). Using Tobit econometric model we found that the economic and non-economic considerations (Wage gap between countries of origin and destination, former colonial links, economic opportunities in the receiving countries, labor market pressures) drive both high-skilled and low-skilled African emigration. However, our estimates provide strong evidence that elasticities differ by skill level. For example, High-skilled emigrants are more sensitive to economic prospects, linguistic proximity (proxy of the transferability of their skills) while low-skilled workers respond more to colonial links and social welfare programs. We found also that civil wars have a strong impact on emigration.

34. WHO BRINGS IN MORE SKILLS? THE HUMAN CAPITAL CHARACTERISTICS OF RETURNING MIGRANTS AND IMMIGRANTS IN EASTERN AND SOUTHERN AFRICA / QUI FAIT RENTRER PLUS DE COMPÉTENCES?: LES CARACTÉRISTIQUES DU CAPITAL HUMAIN POUR LES MIGRANTS ET LES IMMIGRANTS DE RETOUR DE L'AFRIQUE DE L'EST ET AUSTRALE

Kevin J A Thomas

EMail: kevinth2@pop.upenn.edu

This study examines the human capital endowments associated with return migration and immigration in Africa. Theoretically, the Neo-classical and New Economics of Labor Migration (NELM) theories predict different patterns of human capital selectivity among international migrants. Empirical studies investigating how well they predict return migration in Africa are

lacking. This study uses census data from two case studies, South Africa and Uganda, to achieve the following objectives. (1) It examines whether the characteristics of native-born migrants returning after key political developments, e.g. the collapse of the Idi Amin regime and the end of apartheid, are associated with existing theoretical predictions of migrant characteristics. (2) It examines disparities in educational attainment and occupational status among native-born returning migrants, immigrants and nonmigrants. (3) It investigates the demographic and social determinants of migrants' human capital endowments. (4) Finally, it discusses the broader implications of our findings for policies that link migration and development.

34. INTERNATIONAL EMIGRATION AND POVERTY IN BURKINA FASO: WHO REMAINS, WHO GOES AND WHO RETURNS? / EMIGRATION INTERNATIONALE ET PAUVRETÉ AU BURKINA FASO : QUI RESTE, QUI PART ET QUI RETOURNE ?

Younoussi Zourkaleini

EMail: younoussi@caramail.com

A partir des données d'une enquête nationale réalisée sur les «migrations et l'insertion urbaine » au Burkina Faso en 2000, nous tentons de mettre en évidence l'interaction entre pauvreté et migration internationale. La pauvreté sera mesurée par un indice composite construit sur la base des biens possédés par le ménage et les caractéristiques de l'habitat. Le migrant international est celui qui a déjà résidé ou qui réside hors du Burkina Faso au moment de l'enquête. Nous distinguerons les ménages sans migrants de ceux ayant des migrants de retour et/ou des émigrants. Etant donné que la migration est à la fois une stratégie de survie et de réussite du ménage, nous supposons que la migration internationale est positivement associée au niveau de vie du ménage.

35. CONSANGUINITY AND ITS EFFECTS ON INFANT AND CHILD MORTALITY AND FERTILITY IN EGYPT / LA CONSANGUINITÉ ET SES EFFETS SUR LA MORTALITÉ INFANTILE ET LA FÉCONDITÉ EN EGYPT

Rita G. Khayat and Prem C. Saxena

EMail: ritagkhayat@yahoo.com

This paper examines the effect of consanguineous marriages on infant & child mortality and fertility in Egypt using country's Demographic Health Survey 2000 data - a nationally representative sample of 16,957 households from six governorates of Egypt that includes 15,573 ever-married women aged 15-49. These women have been grouped into three separate categories of marriages, namely, 'close consanguineous', 'remote consanguineous' and 'non-consanguineous'. GLIM and logistic regression models have been used to see the impact of consanguinity on fertility and offspring's mortality, respectively after exercising statistical controls on selected socio-economic variables. The results show higher fertility among close consanguineous and remote consanguineous couples. The risk of infant mortality was higher by 30% and 19% in these two groups of women, respectively. Similarly, the risk of child mortality is found elevated among the close consanguineous couples by more than 50% and among remote consanguineous couples by 27% as compared to non-consanguineous unions.

35. INTRA-HOUSEHOLD BARGAINING AND INVESTMENT IN CHILD HEALTH / NÉGOCIATION ET INVESTISSEMENT EN SANTÉ DE L'ENFANT DANS LES MÉNAGES.

Meherun Ahmed

EMail: mahmed@carleton.edu

In this paper I investigate the intra-household bargaining process and investment in children's health using Nigerian Demographic and Health Survey data for 2003. I introduce new and direct measures of empowerment, which reflect a wife's relative say in different decision making contexts. To correct the potential bias from the endogeneity of the empowerment measure, an instrumental variables approach is used. Religion and prevalence of polygyny in the neighborhood are used as instruments for the empowerment variables. Mother's empowerment has a positive and significant impact on the long run health of her child. The decision making process in the household does not appear to be unitary, the husbands and wives have varying preferences and abilities in enforcing their tastes. This study also sheds light on the fact that empowerment is multidimensional and control of economic resources may not be the sole determinant of women's empowerment in the developing world.

35. THE ROLE OF FAMILY SUPPORT GROUPS IN IMPROVING MALE INVOLVEMENT IN PMTCT PROGRAMS / LE RÔLE DES GROUPES DE SOUTIEN DE LA FAMILLE DANS L'AMÉLIORATION DU RÔLE DE L'HOMME DANS LES PROGRAMMES DE "PMTCT"

Beatrice Muwa, Alex Mugume, Lydia Buzaalirwa, Xavier Nsabagasani and Peter Kintu

EMail: BMuwa@upholduganda.org

Involvement of spouses and families is crucial for compliance to HIV interventions including prevention of mother-to-child transmission (PMTCT), as men wield financial and social power for their families. JSI/UPHOLD, a USAID-funded program working in 28 districts of Uganda, supports Family Support Groups (FSGs) to enhance male involvement in PMTCT. Through FSGs, HIV positive pregnant mothers are supported to cope with their status and disclosure to their spouses and children. 18 FGDs were held with clients enrolled with FSGs to explore members' knowledge and spouses' attitudes. Reported achievements of the initiative were: more support from men who joined FSG to their pregnant spouses; increased communication and cooperation between the spouses; better birth planning; and improved adherence to Nevirapine and infant feeding options. FSGs are a good approach for targeting couples before and after pregnancy, and women who come for antenatal care visits should be encouraged to come with their spouses.

35. NUTRITIONAL STATUS OF CHILDREN AND THE FAMILY / LA SITUATION NUTRITIONNELLE DES ENFANTS ET LA FAMILLE

Dionisia Maffioli

EMail: maffioli_d@yahoo.it

The household wealth being equal, the nutritional status of children can be considered as a marker of long-term resource allocation decisions made by families. The position of the children and their mother in the family (relationship with the householder) and the level of the mothers' autonomy of action influences the proportion of family resources destined to children. The relationship among anthropometric indicators of nutritional status and variables on households and the decisional power of women are analysed in Ethiopia, Ghana and Namibia, using DHS data. Classification trees and logistic regression models were constructed using the prevalence of CED (chronic energy deficiency) deriving from the measures of BMI as class variable. Women's autonomy and,

separately, family structure indicators are the explanatory variables, along with socio-demographic aspects. Provisional results show that the effects of the household structure and the mother's decisional capacity are significant and independent from those of education and income.

36. SIDE MEETING: REALISING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN POOR AND VULNERABLE POPULATIONS / SÉANCE SPÉCIALE: RECONNAÎTRE SES DROITS

Hilary Standing

EMail: hstanding@ids.ac.uk

Poor sexual and reproductive health is a source of enormous suffering for millions of the world's poorest people. High levels of mortality and ill-health as a result of sexual and reproductive health problems compromise efforts to reduce poverty. Yet in many countries the issues remain invisible and taboo. Despite two decades of sustained effort, sexual and reproductive rights are poorly understood and articulated and progress on improving sexual and reproductive health is slow. The Realising Rights consortium, a five-year research programme led by the Institute of Development Studies in the UK, aims to respond to these challenges by carrying out research on neglected areas of sexual and reproductive health and the factors underlying their low priority in policy and practice. The purpose of this session is present the latest findings of the programme to stakeholders working in the areas of policy making, programmes and research on sexual and reproductive health in Africa. Paper presentations will examine the relationships between poverty and sexual risk taking; evidence on the use of condoms for dual protection in sub-Saharan Africa and the implications for sexual and reproductive health; and contraceptive use dynamics in Africa. Findings from quantitative and qualitative research on male sexual health problems and access to providers in rural Bangladesh will also be presented, enabling comparison of the issue between South Asia and Africa. Participants will be invited to discuss the findings and to contribute to the future agenda of the research programme.

37. DO MEN AND WOMEN PERCEIVE SEXUAL RELATIONSHIPS DIFFERENTLY? DATA FROM MATCHED COUPLES ON LIKOMA ISLAND, MALAWI / LES HOMMES ET LES FEMMES PERÇOIVENT-ILS DIFFÉREMMENT LES RELATIONS SEXUELLES?: DONNÉES SUR DES COUPLES DANS L'ÎLE DE LIKOMA, MALAWI

Stephane HELLERINGER, Hans-Peter Kohler and Shelley Clark

EMail: hellerin@ssc.upenn.edu

In sub-Saharan Africa, the vast majority of HIV transmissions occur within heterosexual couples, yet population-based couple-level studies are extremely rare. One exception is the Likoma Network Study (LNS), which gathered data from both men and women in 244 married and unmarried matched couples living on Likoma Island in Malawi. Using these unique data, we compare men's and women's descriptions of their relationship characteristics as well as their reports about their sexual behaviors. Our (very) preliminary results suggest that men and women, by and large, agree with each other regarding their objective relationship characteristics, but they provide quite divergent reports with respect to sexual behaviors occurring within these relationships. These differences, however, do not conform to gender stereotypes. These findings lend insight into different gender perceptions within couples, while also highlighting the limitations of relying on individual, rather than couple, reports of sexual behaviors.

37. PRE-MARITAL SEXUALITY IN MAGHREB: CONSEQUENCES AND RISKS OF INEQUALITIES / LA SEXUALITÉ PRÉNUPTIALE AU MAGHREB: RISQUES ET CONSÉQUENCES DES INÉGALITÉS

Anne Le Bris

EMail: kermarianne@yahoo.fr

Le Maghreb est une région bien spécifique du continent africain au sein de laquelle le fait d'évoquer le sujet de la sexualité, notamment hors mariage, est quasiment de l'ordre de l'impossible, tout au moins dans le cadre familial, qui constitue le premier lieu de socialisation. La présente communication vise à identifier, à travers un recensement des données existantes, les profils de ces femmes qui tombent dans la « marginalité » aux yeux de la société en devenant mères célibataires. Les données récoltées ne nous permettent pas de préciser l'ampleur du phénomène - qui est en grande partie passé sous silence - mais peuvent nous aider à repérer les conditions sociales objectives ainsi que les parcours individuels qui contribuent et alimentent ces situations de faits. Parallèlement, il sera intéressant de comprendre en quoi l'étude de ces mères célibataires est révélateur des tabous, crispations d'une société maghrébine en pleine mutation démographique et en pleine crise socio-politique et morale.

37. HIV/AIDS IN TANZANIA: GENDER-BASED STRUCTURAL INTERVENTIONS / LE VIH/SIDA EN TANZANIE: LES INTERVENTIONS STRUCTURELLES BASÉES SUR LE GENRE

Susan Mlangwa and Ann Meier

EMail: mlang001@umn.edu

Current research on AIDS in Africa seeks to integrate both cultural and structural explanations as an alternative to research paradigms that focus on individual behavior. It is unclear, however, if this shift in theory has translated to interventions. Our project uses program documents and interviews to explore how and the degree to which AIDS prevention programs in Tanzania adopt structural strategies, with a particular interest in gender based structural projects. Informed by a theoretical understanding of gender as a social system, key findings indicate a substantial number of existing gender based structural programs, which address both systems of social relations and systems of meaning that maintain the gender system in Tanzania. However, our study reveals absence of projects focusing exclusively on cultural dimensions i.e. systems of meaning. These findings contribute to the discussion over the link between HIV/AIDS interventions and broader societal transformations.

37. PREMATURE FEMALE SEXUALITY AND PROSTITUTION: THOUGHTS ON DETERMINANT FACTORS IN CONGO-BRAZZAVILLE / SEXUALITÉ FÉMININE PRÉCOCE ET PROSTITUTION : ESSAI DE RÉFLEXION SUR LES FACTEURS DÉTERMINANTS AU CONGO BRAZZAVILLE

Luc-Serge Poaty-Mokondzy

EMail: lucsergepoaty@yahoo.fr

Au Congo, les relations sexuelles avant le mariage sont très fréquentes et relativement précoces. Près de 23,5% de jeunes filles âgées entre 15 et 19 ans ont déjà eu leurs premiers rapports sexuels avant leur quinzième anniversaire (Ministère du Plan, 2006). En zone rurale, 14% de jeunes filles ont des rapports sexuels plus tôt que celles du milieu urbain. Oluruntimehim (2003), définit deux types de prostitution : des prostituées professionnelles, et, celles qui le font par nécessité ; L'objectif

de cette communication vise d'une part à mettre en évidence les facteurs déterminants de la sexualité précoce et d'autre part, expliquer comment cette dernière conduit à une prostitution sous-jacente chez les jeunes filles. La méthodologie est basée sur l'exploitation des données de l'enquête ECOM 2005 et de l'enquête démographique et de santé qui sera complétée par une enquête qualitative de 20 individus, afin de cerner les données sur la base d'interviews directives.

37. SEXUAL RISK BEHAVIOUR: A GENDER PERCEPTIONAL ANALYSIS OF HIV/AIDS PREVENTION STRATEGIES AMONG THE NIGERIAN RURAL YOUTH / COMPOTEMENT SEXUEL À RISQUE: UNE ANALYSE DE LA PERCEPTION SELON LE GENRE DES STRATÉGIES DE PRÉVENTION DU VIH/SIDA CHEZ LES JEUNES NIGÉRIENS EN MILIEU RURAL

Dixon O Torimiro, Banji Adisa, Okorie Ogbonnaya and Solomon Famuyiwa

Email: torimiro@oauife.edu.ng

Sequel to the reported higher incidence of HIV/AIDS infection among young women in rural communities, this study was designed to carry out the gender analysis of youth's perception of HIV/AIDS prevention strategies, sexual risk behaviour, and socio-cultural and economic backgrounds in Southwestern Nigeria. A set of pre-tested interview schedule was used to source information from 135 each of male and female between the ages of 15 and 24 years randomly selected from eighteen worst hit communities. Results showed, among others, that majority of the respondents engage in high risk sexual behaviours such as: watching and reading pornographic materials. Although, the female respondents were found to have a more favourable perception of the prevention strategies than their male counterparts, the prevailing culture denies the right of women to negotiate the use of some of the prevention strategies. However, the respondents' low level of awareness of most of the prevention strategies constitute a significant influence to their perception.

39. MAINSTREAMING HIV AND AIDS PREVENTION INTO FAMILY PLANNING PROGRAMMES AT THE GRASSROOTS: ARFH EXPERIENCE / INTÉGRER LA PRÉVENTION DE VIH ET SIDA DANS LES PROGRAMMES DE PLANNING FAMILIAL AU NIVEAU DE LA COMMUNAUTÉ DE BASE: L'EXPÉRIENCE DE "ARFH".

Olayimika K Adebola, Grace Sadiq, Grace Delano and Oladapo Ladipo

Email: arfh@skannet.com.ng

As HIV and other STIs have increasingly affected the general population, it has become evident that they cannot be addressed in isolation from other health concerns. Integrating HIV and STI prevention into their prophylactic activities presents multiple challenges. A participatory strategic planning process on HIV and STIs, sexuality and program integration, development of the FP counseling curriculum was employed. In all the 5 project states, one out of every 10 respondents had ever had unintended pregnancies. Over one third of the respondents were currently using a family planning method at the midterm evaluation, and at least 20% obtained the currently used methods from the CBD agents. The rate of condom use was about 16% in all project states compared with the national rate of 3.4 for all women. Virtually all (97%) CBD agent and male advocates had been involved in community mobilization, awareness creation and involvement of men in project activities.

39. NATIONAL PROGRAMME OF REPRODUCTIVE HEALTH AND FAMILY PLANNING IN CÔTE D'IVOIRE: WHAT IS THE FUTURE IN A POST-CRISIS CONTEXT? / LE PROGRAMME NATIONAL DE SANTÉ DE LA REPRODUCTION ET DE PLANIFICATION FAMILIALE EN CÔTE D'IVOIRE : QUEL AVENIR DANS UN CONTEXTE POST-CRISE ?

Mohamed Doumbia

EMail: doumess2003@yahoo.fr

Longtemps opposée à l'adoption d'une politique de population, c'est seulement en 1998 que la Côte d'Ivoire a mis en œuvre un programme national de santé de la reproduction et de planification familiale. Dix ans après, bien qu'il ait permis l'accès aux contraceptifs et la promotion de la planification familiale, et surtout de promouvoir les droits reproductifs, les résultats du programme restent encore mitigés au regard de la stagnation de la prévalence contraceptive et surtout du désintérêt vis-à-vis de la planification familiale comparativement au VIH/SIDA. Avec le retrait des principaux bailleurs de fonds depuis le déclenchement du conflit armé en septembre 2002 et le faible soutien de l'Etat, l'offre de planification familiale est aujourd'hui très limitée pour des besoins non satisfaits de plus en plus croissants. Cet article qui s'appuie sur des études antérieures est une analyse critique de l'impact du programme et de son avenir dans le nouveau contexte post-crise.

39. INTEGRATING FAMILY PLANNING INTO HIV PREVENTION, CARE AND TREATMENT SERVICES IN UGANDA / INTÉGRER LE PLANNING FAMILIAL À LA PRÉVENTION DU VIH ET DANS LES SERVICES DE TRAITEMENT ET DE SOIN EN UGANDA

Henry Kakande, Grace Nagendi, Julie Wiltshire, Betty Farrell, Laura Subramanian and Jan Kumar

EMail: hkakande@engenderhealth.org

As more and more HIV-positive men and women gain access to antiretroviral treatment (ART), increasing numbers are living longer and healthier lives. In common with their HIV-negative peers, these clients have similar needs for comprehensive, safe, quality FP/RH services. The ACQUIRE Project is working in Uganda and Ghana on a pilot basis to integrate FP into ART services. Lessons learned from the pilot will be replicated elsewhere. In Uganda, ACQUIRE is collaborating with The AIDS Support Organization, a local NGO providing HIV/AIDS care and treatment including ART. The goal of the pilot is to offer FP services as an integral component of HIV prevention, care and treatment services for HIV clients and their partners particularly to those receiving ART services. The presentation discusses strategies to integrate FP and ART; and interventions to strengthen provider skills and knowledge and improve the organization of services.

39. REPRODUCTIVE HEALTH-OUTPUT BASED AID: LESSONS FROM INTEGRATION OF SAFE MOTHERHOOD, FAMILY PLANNING AND GENDER-BASED VIOLENCE RECOVERY PROGRAMS IN KENYA / L'AIDE BASÉE SUR LE RENDEMENT EN SANTÉ DE LA REPRODUCTION: LEÇONS SUR L'INTÉGRATION DE LA MATERNITÉ SANS RISQUE, DU PLANNING FAMILIAL ET DES PROGRAMMES DE RÉHABILITATION DES VIOLENCES BASÉES SUR LE GENRE

Solomon Mumah, Richard Muga and Francis Kundu

EMail: scjmumah@yahoo.ca

In Kenya only 42% of all births are assisted by a health professional while over 400/1000 live births die during or immediately after delivery. Consequently, the government has embarked on a

performance-based RH program that links the goal of improving women's health with incentives to reward service delivery to improve access of the poor to quality RH services. The three-year OBA program is being implemented in three rural districts: Kisumu, Kitui, Kiambu and Korogocho and Viwandani slums in Nairobi. This paper identifies the most effective means of reducing maternal mortality/morbidity by ensuring provision of safe motherhood package for antenatal care and attended delivery. Within the first 6-months, 1798 SMH, 149 FP and 9 GBRV claims had been processed. 1000 cases of normal deliveries had been redeemed while all facilities recorded highest number of claims on FP services. Here lies the secret to turning around the undesired perennial RH trends in Africa.

40. FAMILY SIZE AND QUALITY OF LIFE NEXUS-CASE OF SUNYANI MUNICIPALITY, GHANA / LA TAILLE DE LA FAMILLE ET QUALITÉ DE VIE: LE CAS DE LA MUNICIPALITÉ DE SUNYANI, GHANA

Jones Lewis Arthur

EMail: jonesarthur2002@yahoo.co.uk

The 1996 population policy of Ghana underlies the various drives to increasing population as well as modes for ensuring a manageable population size. The research examines the major drives to choice of family sizes as well as the socio-economic implications of such a choice. The study involved a review and analysis of available literature on population in the Sunyani Municipality as well as the rest of Ghana. It was identified that majority of the people in the Sunyani Municipality have small family sizes of less than five children. Choice of family size in the Municipality was identified to have been marginally determined by contraceptive usage, sex preference of children and income levels. It was recommended that family planning education should be actively pursued by relevant organizations including and not limited to the National Population Council, Sunyani Municipal Assembly (DA), Non-Governmental Organizations.

40. THE NUMBER OF CHILDREN AND THE WELLBEING OF THE ALGERIAN FAMILY, WHAT ARE THE STAKES? / LE BIEN ÊTRE DE FAMILLE ALGÉRIENNE ET LE NOMBRE D'ENFANTS, QUELS ENJEUX?

Fatima Drid, Kelthoum Bibimoun, Belkacem Ziani and Miloud Sefari

EMail: drid.fatima@yahoo.fr

Les transformations qu'a connues la société algérienne en général, même si elles étaient lentes au début de l'indépendance et qu'elles n'ont pas pu se mettre au rythme des plans de développement pendant cette période, elles avaient connu une accélération étonnante pendant les deux dernières décennies. Selon les documents officiels, la diminution de la taille de la famille ainsi que la baisse de la fécondité. Néanmoins, il existe, au niveau local, des familles qui ont de 8 à 12 enfants par femme, voire plus. Ceci influe négativement sur le bien être de ces familles. Nous nous interrogerons sur : "Quels sont les facteurs directs qui poussent ces familles à augmenter le nombre d'enfants?" "Comment ces familles peuvent-elles fournir le bien être à leurs membres?" Cela va apparaître avec une étude de terrain dans la ville de Batna en Algérie, un échantillon de 80 familles.

40. CAUSES OF HIGH FERTILITY IN WESTERN UGANDA / LES CAUSES DE LA FÉCONDITÉ ÉLEVÉE EN UGANDA

Jennifer A Kasabiiti

EMail: jkasabiiti@isae.mak.ac.ug

Fertility rates in other developing regions have continuously declined, apart from sub-Saharan Africa, with the fastest population growth (5.2 children per woman – WDI, 2004), this is so, despite high mortality levels due to AIDS pandemics, decline in per capita income and the relatively high contraceptive availability and knowledge. This pattern of events has consequently, reduced productivity and undermined the welfare of the people in the small family units and nations at large, the result of which is unproductive human resource, environmental degradation, and high disease burden distorting the benefits that would have come through MDGs. The reasons for high fertility rates in western Uganda as a case study, are attributed to various social economic and cultural dimensions. This study therefore, aims at examining the possible causes as a way of providing empirical data for sustainable population development strategies.

40. OLD AGE EXPECTATION AS A FACTOR INFLUENCING HIGH DEMAND FOR CHILDREN: DOES NUMBER OF CHILDREN INFLUENCE OLD AGE SUPPORT? / ATTENTES DE LA VIEILLESSE COMME FACTEUR INFLUENÇANT LA DEMANDE ÉLEVÉE DES ENFANTS: LE NOMBRE D'ENFANTS INFLUENCE-T-IL LE SOUTIEN À LA VIEILLESSE?

Adekunbi Omidoyi

EMail: akomid2000@yahoo.com

This study examined the extent of support expectation of the elderly from their children. This was investigated in view of the traditional African belief that high fertility guarantees a better future in old age as postulated by the net-intergenerational wealth flow proponents. In a study that covered 947 elderly respondents in South-Western Nigeria, we found that empowerment of a child rather than the number of children is more significant in securing the well-being of the elderly. Also, proximity of children to the elderly does not guarantee adequate financial support, as a child may become a financial burden. Proximity of a child only significantly affects daily care and personal visitation. There is no significant relationship between the number of children and unmet need for support. The odds of those with six or more children are twice as much as those with two or less in predicting high unmet need for improved status.

41. DETERMINANTS OF EXTRAMARITAL SEX BY MEN IN TANZANIA: A CASE STUDY OF MBEYA REGION / LES DÉTERMINANTS DU SEXE HORS MARIAGE DES HOMMES EN TANZANIE: UNE ÉTUDE DE CAS DE LA RÉGION DU MBEYA

Maurice C.Y. Mbago and Francis J Sichona

EMail: mmbago@udsm.ac.tz

This paper attempts to identify some factors associated with extramarital sex by men in Mbeya region-Tanzania using data from a survey conducted in 2003/2004. The choice of Mbeya region has been prompted by the fact that it has been found in previous studies to have the highest HIV prevalence rate in the country. Correlates of extramarital sex that were considered include current age, education, residence, age at first sexual intercourse, age at first marriage and sex before marriage. A bivariate analysis of the survey data, which comprised a sample size of 568 married men aged between 15 and 62 revealed statistically significant association between extramarital sex

with current age, education, age at first intercourse and sex before marriage. The effect of these variables was tested through a multivariate logistic regression analysis and all the four independent variables were found to be statistically significant predictors of extramarital sex in Mbeya region.

41. PREVALENCE AND FACTORS ASSOCIATED WITH EXTRAMARITAL SEX AMONG NIGERIAN MEN / LA PRÉVALENCE ET LES FACTEURS ASSOCIÉS AU SEXE HORS MARIAGE CHEZ LES HOMMES AU NIGÉRIA

Kola A. Oyediran, Uche Isiugo-Abanihe, Bamikale Feyistan and Gbenga Ishola

EMail: bkoyediran@yahoo.com

This paper examines the prevalence of and associated factors of extramarital sex among married or cohabiting Nigerian men in a nationally representative study. Sixteen percent reported at least one extra-marital partner in the last 12-months, and the mean number of extramarital partners was 1.82. The result suggests that Nigerians are vulnerable to a generalized HIV/AIDS epidemic due to higher probabilities of extra-marital networking in conjunction with relative low condom use. The study reveals that having extramarital relations is associated with respondents' background profile:- ethnicity, religion, current age, age at sexual initiation, education, occupation and place of residence. The major focus of condom promotion strategies should be on increasing use outside marriages especially among married couples. A more fundamental behavioural change in the era of HIV/AIDS remains the inculcation of the values of marital fidelity and emotional bonding among marital partners.

41. DIFFERENTIALS IN MEN'S PARTICIPATION IN FAMILY PLANNING IN MBEYA REGION, TANZANIA / LES DIFFÉRENTIELS DE LA PARTICIPATION DE L'HOMME AU PLANNING FAMILIAL DANS LA RÉGION DE MBEYA, TANZANIE

Francis J Sichona and Maurice C.Y. Mbago

EMail: sichona@hotmail.com

This paper investigates factors influencing men's participation in family planning in Mbeya Region, Tanzania. Mbeya was selected for this study because it is one of the regions with high fertility and low contraceptive use in the country. Using field data collected from 568 married men aged between 15 and 59 years, the paper shows that men's knowledge of contraceptives in Mbeya region was highest for male condoms and lowest for the diaphragm. The study also found that men's past use of modern contraceptives is significantly influenced by age, education, number of living children, and desired number of additional children. This significance of the association was confirmed by the application of logistic linear regression analysis.

41. CONDOM USE FOR PREVENTING STI/HIV AND UNINTENDED PREGNANCY AMONG YOUNG MEN IN SUB-SAHARAN AFRICA / UTILISATION DU PRÉSERVATIF POUR LA PRÉVENTION DES MST/VIH ET DES GROSSESSES NON SOUHAITÉES CHEZ LES JEUNES HOMMES EN AFRIQUE SUB-SAHARIENNE

Susheela D. Singh, Akinrinola Bankole, Rubina Hussain and Gabrielle Ostreicher

EMail: ssingh@gutmacher.org

The condom is the only known method that provides simultaneous protection against unplanned pregnancy and some STIs, including HIV, among sexually active people. Using data from the Demographic and Health Surveys (DHS) from 18 Sub-Saharan African countries, this article examines condom use and reasons for using the method at last intercourse among sexually active young men aged 15-29. Most young men were aware of the condom (73-98%), but its use at last

intercourse was quite variable, ranging from 6% in Madagascar to 74% in Namibia. In 10 of the 18 countries, young men reportedly used condoms for preventing STIs alone than they did for preventing pregnancy alone. In 6 countries, at least one-third of the users used the method for both purposes. Use of the condom at last intercourse was associated with union status, education, residence and exposure to television in at least two-thirds of the countries.

42. ORPHANHOOD, VULNERABILITY AND PRIMARY SCHOOL ATTENDANCE: EVIDENCE FROM A SCHOOL-BASED SURVEY IN TWO REGIONS OF TANZANIA / LA SITUATION D'ORPHELIN, VULNÉRABILITÉ ET LA FRÉQUENTATION DE L'ÉCOLE PRIMAIRE: RÉSULTATS D'ENQUÊTES SCOLAIRES DANS DEUX RÉGIONS DE TANZANIE

William Gould and Ulli Huber

EMail: wtsg@liv.ac.uk

The common presumption of much literature and educational planning practice that orphans are less likely to attend school than non-orphans is re-examined using survey data from two regions in Tanzania. It is argued that orphans should not be compared only with non-orphans since there are other vulnerable groups of children, all with different levels of social and spatial disadvantage. A survey in two regions of Tanzania identifying primary school attendance categories (regular attenders, irregular attenders, dropouts, never attenders) showed that both orphans and a second, potentially vulnerable group of children - children who have not lost a parent, but who live with only one or neither of their parents - are less likely than other children to attend school in urban and roadside settlements, but that there is no clear relationship between vulnerability and attendance and dropout in rural areas.

42. COPING STRATEGIES OF ORPHANS IN UGANDA, CASE STUDY IN ENTEBBE MUNICIPALITY / LES STRATÉGIES DE SURVIE DES ORPHELINS EN OUGANDA: ÉTUDE DE CAS DE LA MUNICIPALITÉ D'ENTEBBE

Nandago Lynn, Ruth Magola and Musede Faith

EMail: nandagolyn@yahoo.com

The study explores how orphans cope with their situation in terms of basic and social needs like food, clothing, housing and education. The concern is that there are many of orphans without basic necessities and life seems to be very hard for them but how do they manage to cope with the prevailing situations. A lot of literature on vulnerable children reveal mainly two causes of vulnerability: 1. Poverty – these are children from very poor families living below the poverty line, who most times can hardly afford a meal. Live in leaking grass thatched houses, clothed poorly and don't go to school. 2. Orphaned – according to Uganda's definition, these are children who have lost one or both parents. In Uganda, parental deaths are mainly due to diseases like HIV/AIDS, malaria and other calamities like wars (instability in the country).

42. EFFECTS OF HIV/AIDS ON CHILDREN IN SWAZILAND: IS THE EXTENDED FAMILY COPING? / LES EFFETS DU VIH/SIDA SUR LES ENFANTS AU SWAZILAND: LA FAMILLE ÉTENDUE MAÎTRISE-T-ELLE LA SITUATION?

James Ntozi and Thandi Khumalo

EMail: jntozi@isae.mak.ac.ug

In 2004, Swaziland recorded the highest prevalence of HIV among pregnant women in the world ever at 43%. Due to many deaths of parents, an orphan crisis has been created in the country. About

a third of the AIDS orphans are double orphans who have lost both parents and are most cared for by grand parents who are too old, weak and poor to provide for them adequately. Many of these double orphans are living in child headed households unable to support them. Most of the rest of orphans lost more fathers than mothers. The surviving mothers are too sickly and poor to fend for the families. The extended family, which is the traditional safety net for orphans is overwhelmed by the crisis. Alternative structures have been set up to manage the crisis. Does this mean the extended family system has failed to cope?

42. DOES AIDS RELATED DEATH AFFECT SCHOOLING OUTCOMES? EVIDENCE FROM NAIROBI SLUMS / EST CE QUE LA MORT LIFE AU SIDA AFFECTE LES RESULTATS DE LA SCOLARITE?: PREUVE DES BIDONVILLES DE NAIROBI

Moses Ngware, Kanyiva Muindi, and Eliya Zulu

Email: mngwareAa phrc.org

This paper investigates the extent to which TI3 and/or AIDS related adult death impacts on a child schooling outcomes. Data used in the paper was collected through three separate projects nested to the Nairobi Urban Health and demographic Surveillance System, operated by the African Population and Health Research center. Both descriptive (chi square) and inferential (logistic models) analytical techniques were used to analyze data. Results of the study show that TB/AIDS related adult death affects most of the child schooling outcomes. Children in slum areas from households that are affected by AIDS related death are more likely to enroll, more likely to experience school withdrawal and less likely to transit compared to children who had experienced death from other causes and/or no death. Children from AIDS affected households are more likely to migrate and therefore disrupting school attendance. Younger primary school children who had experienced an adult death were less likely to enroll compared to older primary school children. However, there was no difference on repeating a grade between children who had experienced a TB/AIDS related adult death and those from other households. To improve schooling outcomes among vulnerable children, policy makers should prioritize household based interventions.

43. DOMESTIC VIOLENCE AGAINST WOMEN IN NIGERIA: AN INVESTIGATION IN DELTA AND EDO STATES / VIOLENCE DOMESTIQUE CONTRE LES FEMMES AU NIGERIA: UNE ENQUÊTE DANS LES ETATS D'EDO ET DE DELTA

Adeyinka A Aderinto and Ethelbert Nwokocha

Email: aderinto@yahoo.com

This study was conducted among middle and upper class women in mid-western part of Nigeria and probes the prevalence and cultural contexts of domestic violence. Data were collected through in-depth interviews (IDIs), case studies and survey from a sample of 754 respondents. Results indicate that although physical abuse is not very common in the two states, a sizeable proportion of women suffer from domestic violence in various manifestations including sexual, psychological and economic, and that although men subordinate women to maintain their socially constructed superiority, the latter prefer adjusting to the situation to deserting their homes. To curb the incidence of domestic violence against women, the use of formal and informal channels of education to re-orientate the people is strongly suggested. In addition, there is need to introduce policies that will genuinely protect women against violence as well as empower law enforcement agents to pay serious attention to the issue.

43. SOME THOUGHTS ON VIOLENCE AND DISCRIMINATION AGAINST FEMALES IN GHANA / QUELQUES RÉFLEXIONS SUR LA VIOLENCE ET LA DISCRIMINATION CONTRE LES FEMMES AU GHANA

Chuks J Mba

EMail: chuksmba@ug.edu.gh

This paper utilises secondary data to raise awareness and expand knowledge about gender based violence and discrimination in the Ghanaian context. More than 2,500 women suffered various forms of abuse between January and September 2004 alone. Of this number, 837 were sexually assaulted, 130 were abducted, and 1,358 were battered. 28 percent of women have no education as opposed to 18 percent of men, implying that in general males have more education than females. The picture is even grimmer when higher levels of education are considered. Rural women can also be punished with banishment by traditional village authorities for teenage pregnancy or suspected witchcraft. The female genital mutilation, which is injurious to the health and development of young females, is still being practiced in some sections of the country. Education will certainly remain the most crucial and effective strategy and tool in handling violence and discrimination against females in Ghana.

43. UNWANTED SEXUAL EXPERIENCES AMONG ADOLESCENT MALES IN SUB-SAHARAN AFRICA: PREVALENCE AND CONTEXT / LES EXPÉRIENCES SEXUELLES NON VOULUES PARMI LES ADOLESCENTS MÂLES EN AFRIQUE SUB-SAHARIENNE

Ann M Moore and Nyovani Madise

EMail: amoore@guttmacher.org

Unwanted sexual experiences are most frequently examined from the woman's perspective yet these experiences happen not only to women but to men as well. Unwanted sexual experiences are connected over one's lifetime to demographic and health outcomes such as STI exposure, including HIV, and unintended pregnancies among their partners as well as negative psychological effects that place males at risk of future negative health outcomes. As a result, coercion has increasingly begun to draw the attention of reproductive health researchers. Using a unique set of data collected in 2003-2004 in Burkina Faso, Ghana, Uganda and Malawi with 12-19 year olds via in-depth interviews and nationally-representative surveys, we examine boys' experiences of sexual coercion at debut as well as over their life course, boys' narratives of experiencing coercive sexual intercourse experiences, and the risk and protective factors that frame boys' vulnerability to unwanted sexual intercourse.

43. GENDER INEQUALITY, DOMESTIC VIOLENCE AND MALE PARTNER CHARACTERISTICS AS RISK FACTORS FOR HIV INFECTION AMONG WOMEN IN ZIMBABWE/INÉGALITÉ DE GENRE, VIOLENCE DOMESTIQUE ET CARACTÉRISTIQUES DU PARTENAIRE HOMME COMME FACTEURS DE RISQUE À L'INFECTION DU VIH CHEZ LES FEMMES AU ZIMBABWE

William Sambisa and Sian Curtis

EMail: wsambisa@unc.edu

Current research trends on AIDS in Africa seek to integrate both sociocultural and structural explanations into a research paradigm that focuses on individual behavior. Since men are primarily responsible for increased transmission of HIV to women, it is essential to include their characteristics and risky behaviors as a context that increases women vulnerability to HIV. Not

many studies in Africa have assessed gender inequality, domestic violence and male characteristics as risk factors for HIV among women. Using the 2005 Zimbabwe DHS couples data, the study explores the association between gender inequality, domestic violence, partner characteristics and sexual behaviors on the one hand, and women's sexual behavior and HIV status on the other. Bivariate relationships between gender dynamics and sexual behavior of women and their partners will be examined. Multivariate analysis will explore the relative importance of gender dynamics on women's sexual behavior and HIV status.

43. FEMALE GENITAL CUTTING IN CONTEMPORARY ERITREA: CONSEQUENCES, FUTURE PROSPECTS AND STRATEGIES FOR ERADICATION / MUTILATION GÉNÉTALE FÉMININE DANS L'ÉRYTHRÉE CONTEMPORAINE: CONSÉQUENCES, PERSPECTIVES D'AVENIR ET STRATÉGIES POUR L'ÉRADICATION

Gebremariam Woldemicael

EMail: gebre_wm@yahoo.com

Despite its adverse health outcomes, female genital cutting (FGC) continues to be widespread in many African countries. Using data from the 2002 Eritrea Demographic and Health Survey (EDHS) and the 2003 Female Genital Mutilation (FGM) Household and Community Survey, we examine female genital cutting (FGC) in Eritrea. FGC is widely practiced in both rural and urban areas and among all ethnic and religious groups in Eritrea. There is little evidence that the practice will decline soon, particularly in rural areas and in regions where the most severe form (infibulation) is practiced. Women who have had infibulation were more likely to experience health complications than women who have had the less severe form of cutting (clitoridectomy or excision). Increased female educational attainments, household economic status, and urbanization would help lower support for the practice and hence its eradication. Community-based educational campaign publicizing the risks of FGC would also be helpful.

44. CHANGES IN THE TRADITIONAL FAMILY SYSTEM, POVERTY AND ASSOCIATED PARENTING CHALLENGES ON ADOLESCENT BEHAVIOURAL OUTCOMES / CHANGEMENTS DANS LE SYSTÈME TRADITIONNEL DE LA FAMILLE, PAUVRETÉ ET DÉFIS ASSOCIÉS À LA PATERNITÉ ET CONSÉQUENCES SUR LES COMPORTEMENTS DES ADOLESCENTS

Grace A. Adejuwon

EMail: anuadejuwon@yahoo.com

This study reports the result of a qualitative investigation of the changes from extended to nuclear family system, the parenting challenges facing such nuclear families and the influence of such challenges on the behavioural outcomes of adolescents. The study is based on interviews and focus group discussions with 130 participants which include literate and non-literate parents, in-school and out-of school adolescents. Findings reveal that the changes in family composition, family relationships, clans and other kin groups are bringing about declining influence and effectiveness of parents. These changes are producing movement toward nuclear-family systems, eroding extended-family forms and other types of kinship groups. The respondents also reported modernization, economic and social pressures, poverty, polygamy and increased divorce rates as some of the challenges to parenting. These challenges were also associated with negative behavioural outcomes of the children. Suggestions for improvement were made by the respondents for the modern nuclear family parents.

44. WOMEN'S RESPONSIBILITIES AND FUNCTION CHANGES DURING THE CONFLICTS IN CONGO BRAZZAVILLE / CHANGEMENTS DES FONCTIONS ET RESPONSABILITÉS DES FEMMES PENDANT LES CONFLITS AU CONGO BRAZZAVILLE

Pierre Chetel Kouanga

EMail: pierrechetel@yahoo.fr

Le Congo est un pays qui a connu de nombreuses guerres civiles. Pendant celles-ci, les rapports communautaires et sociaux ainsi que les bases de la production économique ont été affectées. Les femmes, principales victimes de ces conflits armés, ont tenté de s'organiser en prenant en charge leurs familles en lieu et place des hommes, à qui est dévolue traditionnellement cette responsabilité. Cette inversion des rôles, avec une responsabilisation accrue des femmes, a fondamentalement modifié l'environnement social. La présente communication, basée sur l'exploitation de deux rapports d'études dans le contexte de post-conflit, a pour objectif de montrer comment les conflits socio politiques ont influencé les responsabilités économiques, sociales et politiques des femmes.

44. ORPHANS AND THEIR HOUSEHOLDS IN MALI: VULNERABLE POPULATIONS AND SAFETY NETS HARSHLY TESTED / LES ORPHELINS ET LEUR MÉNAGE AU MALI : POPULATION VULNÉRABLE ET FILET SOCIAL DUREMENT ÉPROUVÉ.

Richard Marcoux, Jean-François Kobiané and Mamadou Kani Konaté

EMail: richard.marcoux@soc.ulaval.ca

Si la pandémie du SIDA est responsable du sursaut d'intérêt que l'on observe pour les orphelins en Afrique, il ne faut toutefois pas oublier que dans des pays comme le Mali, cette population a toujours été importante, étant donné la forte mortalité adulte. En l'absence d'un réel réseau d'institutions, ce sont les mécanismes de solidarité qui permettent d'éviter que la plupart des orphelins soient abandonnés. Au cœur de ces mécanismes, les familles forment un filet de sécurité sociale. Peu de travaux ont porté sur les mécanismes régissant la prise en charge de ces populations vulnérables au Mali. Quelles sont les caractéristiques sociales, économiques et démographiques de ces orphelins? Quels sont les milieux familiaux qui les accueillent et où sont-ils ? Ces orphelins occupent-ils au sein de leur ménage d'accueil la même place que les autres enfants? Notre démarche s'appuie sur des données couvrant les 20 dernières années au Mali.

44. STUDY OF THE HOUSEHOLD ADAPTATION MECHANISMS IN THE FACE OF CLIMATIC SHOCKS, ACCORDING TO THEIR FOOD SUFFICIENCY IN A SENEGALESE RURAL SETTING (NIAKHAR) BETWEEN 2000-2003 / MÉCANISMES D'ADAPTATION DES MÉNAGES FACE AUX CHOCS CLIMATIQUES, SELON LEUR NIVEAU DE SUFFISANCE ALIMENTAIRE EN MILIEU RURAL SÉNÉGALAIS (NIAKHAR) ENTRE 2000-2003

Céline Vandermeersch and Audrey Naulin

EMail: Vanderme@ird.sn

En milieu rural de l'Afrique au sud du Sahara, les ménages doivent élaborer des stratégies alternatives afin de faire face à une baisse de la pluviométrie. Nous proposons d'étudier les mécanismes d'adaptation des ménages de la zone de Niakhar (Sénégal), face aux aléas climatiques, à partir de données d'enquêtes «Culture élevage» réalisées par l'US009 (IRD) entre 2000 et 2003 sur environ 600 ménages. Elles permettent de calculer un indicateur de suffisance alimentaire évaluant le niveau de production de mil par membre du ménage. En raison d'un très faible niveau

de pluviométrie durant la campagne agricole de 2002-2003, la production agricole a fortement diminué par rapport aux autres années. D'une part, les ménages avec un niveau de production de mil insuffisant sont identifiés. D'autre part, les stratégies alternatives mises en place par ces ménages afin de trouver de nouvelles sources de revenus (migrations temporaires de travail, aides alimentaires reçues, activités secondaires) sont identifiées.

45. THE COMMODITY CHAIN OF THE HOUSEHOLD: FROM SURVEY DESIGN TO POLICY PLANNING / LA CHAÎNE DES BIENS DE PREMIÈRE NÉCESSITÉ DU MÉNAGE : DE LA PROGRAMMATION DES ENQUÊTES À LA PLANIFICATION DES POLITIQUES

Ernestina E. Coast, Sara Randall, Tiziana Leone and Beth Bishop

EMail: e.coast@lse.ac.uk

Household surveys are essential tools for the production of data and information for policy design and planning interventions in developing countries. However, little attention is paid by commissioners, producers and consumers of data from household surveys to the issue of what the household unit used in the survey is, how it is defined, and what this definition might mean for analysis, interpretation and, ultimately, policy planning. This study uses qualitative interview methods to systematically identify the extent of difference between the 'household' used in national household surveys and locally meaningful terms for social units. In-depth interviews identify how data producers and users understand the term 'household'. The differences between survey and local conceptions of households are subjected to a series of scenario models for a range of development indicators in order to provide substantive evidence of the impact of household definition on survey measurement and validity.

45. POVERTY IN GHANA IS BASICALLY A RURAL PHENOMENON: ARE WE UNDERESTIMATING URBAN POVERTY? / LA PAUVRETÉ AU GHANA EST UN PHÉNOMÈNE FONDAMENTALEMENT RURAL: SOUS-ESTIMONS-NOUS LA PAUVRETÉ URBAINE?

George Owusu and Paul Yankson

EMail: gowusu@ug.edu.gh

'Poverty in Ghana is basically a rural phenomenon'. While this statement is widely quoted, little attention has been given to the methodology used in the measurement of poverty in Ghana as highlighted in the Ghana Living Standard Survey 4 (GLSS 4), which leads to this conclusion. This paper argues for a critical re-examination of this statement. The paper examines the poverty line setting methodology in Ghana and the biases against urban areas, and the implications of underestimating urban poverty. It concludes that the bias against urban areas may be a logical extension of the 'anti-urban' development perspective, which has its roots in the urban bias thesis. It stressed that poverty reduction programmes such as Ghana's poverty reduction strategy papers (GPRSI&II) should place equal emphasis on both rural poverty and urban poverty.

45. HOW CAN WE LEARN ABOUT COMMUNITY SOCIO-ECONOMIC STATUS AND POVERTY IN A DEVELOPING COUNTRY URBAN ENVIRONMENT? AN EXAMPLE FROM JOHANNESBURG -SOWETO, SOUTH AFRICA / COMMENT POUVONS-NOUS ÉTUDIER LA SITUATION SOCIO-ÉCONOMIQUE ET LA PAUVRETÉ DANS LES COMMUNAUTÉS DES ZONES URBAINES DES PAYS EN VOIE DE DÉVELOPPEMENT? UN EXEMPLE DE JOHANNESBURG-SOWETO, AFRIQUE DU SUD.

Zoe A. Sheppard, Shane Norris, John M Pettifor, Noel Cameron and Paula Griffiths

EMail: Z.A.Sheppard@lboro.ac.uk

Few tested tools exist to assess poverty and socio-economic status (SES) at the community level, particularly in the urban environments of developing countries. Furthermore, there is no real sense of what the community concept actually means. Consequently, this paper will describe how findings from formative qualitative research were used to develop a quantitative tool to assess community SES in Soweto and Johannesburg in terms of how the tool was administered, the terminology used, and topics covered. This paper also discusses the level of aggregation respondents identified as defining a local community using an innovative drawing/mapping exercise. Focus groups (n=11) were conducted with 15-year-old adolescents and their caregivers from the 1990 Johannesburg-Soweto Birth-to-Twenty (Bt20) cohort and key informant in-depth interviews (n=17) with prominent members working in the Bt20 communities. This research recognises the importance of involving local people in the design of data collection tools measuring poverty and human well being.

45. HOW SHOULD WE TRANSLATE SURVEY QUESTIONNAIRES? AN ANALYSIS OF KENYAN DHS DATA / COMMENT DEVONS NOUS “TRADUIRE” LES QUESTIONNAIRES DES ENQUÊTES: UNE ANALYSE DES DONNÉES EDS AU KENYA

Alexander Weinreb and Mariano Sana

EMail: awein@mscc.huji.ac.il

Virtually all survey data used to describe people's behavior and attitudes in Africa and other developing countries derive from questionnaires formulated in a “global” language (typically English or French) and then translated into a local one. Using Kenyan DHS data, this article explores the impact of two different types of translation procedures on the research enterprise. It first assesses the extent to which each differentially affects one of four indicators of measurement (i.e. non-sampling) error. It then assesses how the accumulated effects of different translation procedures on measurement error across multiple variables of interest substantively affect estimated relationships among those variables. Overall, results suggest that different translation procedures affect univariate statistics modestly, but multivariate relations more substantially. This is a new result on an underresearched topic. It also has considerable implications for the way that basic survey and census data are collected in sub-Saharan Africa.

46. INDUCED ABORTION IN ALGERIA / L'AVORTEMENT PROVOQUÉ EN ALGÉRIE

Ouzriat Boualem

EMail: ouzriat@yahoo.fr

Le propos qui sera développé dans la communication s'attache à présenter un état de lieu sur un phénomène qui prend de l'ampleur en Algérie, qui est l'avortement provoqué, en présentant dans un premier temps de manière synthétique les éléments d'évaluation d'une enquête réalisée en 2006 (fréquence, statut socioculturel et éducatif, les raisons...). Le contexte juridique en Algérie sera ensuite abordé. Enfin la problématique d'accès aux soins de santé maternelle pour les femmes

célibataires. Pour illustration : 8000 cas d'avortement sont recensés chaque année, 80 décès sont enregistrés en 2006 à ALGER. Le coût de l'avortement clandestin est de 90000 Dinars, l'avortement est répandu plus en milieu urbain, dans 70 % des cas ce sont des femmes instruites, la loi et la charia interdisent l'avortement, sauf pour les femmes violées par les terroristes. La problématique du droit à l'accès au soins de santé maternelle pour les femmes célibataires reste posée et à débattre.

46. ACCESS TO SAFE ABORTION IN AFRICA AND ITS IMPACT ON REPRODUCTIVE HEALTH / ACCÈS À L'AVORTEMENT SANS RISQUE EN AFRIQUE ET SON IMPACT SUR LA SANTÉ DE LA REPRODUCTION

Sahlu Haile

Email: shaile@packard.org

Unsafe abortion exerts a heavy toll on women's health in Africa. Some reports indicate that every day 10,000 women have an unsafe abortion. As a result, many women die or are victims of permanent damage to their health including chronic pain, illness and sterility. According to the World Health Organisation, almost 99% of abortions taking place in Africa are illegal and therefore unsafe. Yet it is well known that morbidity and mortality levels relating to abortion decrease dramatically in countries where abortion has been legalized. The most important determinant of the impact that abortion has on women's health is therefore its legal status. Unfortunately, reproductive health advocates or policy makers do not know this fact. This study will review the legal and medical situation related to abortion in Africa and recommend actions by reproductive health advocates to improve access to safe abortion.

46. WHY UNSAFE ABORTION IS A PUBLIC HEALTH CHALLENGE IN KENYA / POURQUOI L'AVORTEMENT À RISQUE EST UN DÉFI DE SANTÉ PUBLIQUE AU KENYA

Njeri L Ndunyu

Email: ndunyu@ukzn.ac.za

Scientific evidence from hospital-based studies shows that unsafe abortion is a public health challenge in Kenya sustaining the high rates of maternal morbidity and mortality but the actual magnitude is unknown. Between April-July 2005 in-depth discussions were held with 49 women purposively selected in urban and rural households who had at least one personal experience with abortion. Twenty-eight women reported 31 terminations by unsafe means. Unsafe abortions were easier to access than safe abortion services. Many unsafe abortions were 'successful' so never reached a health facility. Those that reached delayed in seeking services. There was preference for private than public health facilities. This study found that all urban women who had experienced unsafe abortion did not receive family planning counselling and methods useful for informed decision making. Strengthening of the comprehensive management of the post-abortion care model is crucial to the reduction of repeat unwanted pregnancies and consequent abortions.

46. KNOWLEDGE, ATTITUDE, AND PRACTICE OF ABORTION IN XAI-XAI COMMUNITIES, MOZAMBIQUE / CONNAISSANCE, ATTITUDE ET PRATIQUE DE L'AVORTEMENT DANS LES COMMUNAUTÉS DES XAI-XAI AU MOZAMBIQUE

Luc VanderVeken, Julio Pacca, Ana Jacinto and Mizanur Rahman

Email: lvanderveken@pathfind.org

A community survey of about 400 women in selected Xai-Xai communities in 2006 indicates that abortion is highly prevalent, about 20% women had had an abortion in their lifetime, and 40% reported that they know someone who also had an abortion. Yet, talking about abortion is avoided

in the community because it is still considered a sin and a “dirty topic.” Lack of family planning was the single biggest reason for abortion followed by “health reasons.” Misconceptions include women’s inability to regain childbearing capacity following an abortion. About two-thirds of women who had an abortion said that it was performed by medically trained providers. However, about 50% abortion-seekers reported complications, from mild to severe. About 25% women who had an abortion faced stigma-related familial and/or social problems. Based on the findings, counseling information for community workers and health providers was enriched, and policy dialogues and advocacy strategies were strengthened.

47. IS HIV SEROPREVALENCE DECLINING AMONG WOMEN WHO ACCESS PMTCT SERVICES? A MULTI-COUNTRY ANALYSIS. / LE SÉROPRÉVALENCE EN VIH DÉCLINET-ELLE PARMI LES FEMMES QUI ONT ACCÈS AUX SERVICES DE “PMTCT”?

Agbessi Amouzou, Charlotte Colvin, Charles Hoblitzelle, Christian Pitter, Allison Spensley and Catherine Wilfert

EMail: aamouzou@pedaids.org

Recent literature suggests that HIV prevalence may be declining in some settings. The objective of this study is to describe seroprevalence among pregnant women accessing Prevention of Mother to Child Transmission (PMTCT) services in programs supported by the Elizabeth Glaser Pediatric AIDS Foundation. Country offices submit site level data on the number of women reached with key PMTCT services to headquarters for review and analysis on a regular basis. Preliminary analysis in nine African countries shows a general downward trend in seroprevalence across a variety of settings. However, these data are representative of a specific sub-population of pregnant women with access to PMTCT services. Rigorous evaluation methodologies are necessary to describe the impact that counseling and testing in the context of PMTCT programs may have in preventing new infections. Moreover, further research is needed to fully describe the population of women accessing PMTCT services over the life of the program.

47. UNDERSTANDING THE MAGNITUDE AND SPREAD OF HIV/AIDS EPIDEMIC IN SUB-SAHARAN AFRICA: EVIDENCE FROM THE DEMOGRAPHIC AND HEALTH SURVEYS AND AIDS INDICATOR SURVEYS / COMPRENDRE LA GRAVITÉ ET LA VITESSE DE LA PROPAGATION DE L'ÉPIDÉMIE DU VIH/SIDA EN AFRIQUE SUB-SAHARIENNE: RÉSULTATS DES ENQUÊTES EDS ET DES INDICATEURS DU

Vinod Mishra, Anne R Cross, Bernard Barrere, Rathavuth Hong and Martin T Vaessen

EMail: vinod.mishra@macrointernational.com

We describe how HIV seroprevalence data collected in national population-based surveys, such as the Demographic and Health Surveys and AIDS Indicators Surveys have helped improve understanding of size and spread of the epidemic in sub-Saharan Africa. We describe the methods used to collect nationally-representative data on HIV seroprevalence, compare survey-based estimates with sentinel surveillance-based estimates, and evaluate survey-based estimates for potential bias due to non-response and due to exclusion of non-household populations. We find that in most countries survey-based estimates of HIV prevalence are much lower than sentinel surveillance-based estimates. Analysis of non-response bias indicates that although non-tested males and females tend to have slightly higher predicted HIV prevalence than those tested, overall effects of non-response on the observed national HIV prevalence estimates are insignificant. Our analysis also shows that exclusion of non-household population groups in the surveys is likely to have a minimal effect on the observed HIV estimates.

47. BIAS IN HIV PREVALENCE ESTIMATES FROM REFUSALS TO BE TESTED IN SEROPREVALENCE SURVEYS / TAUX DE PRÉVALENCE BIAISÉES EN VIH DÛ AU REFUS DE SE SOUMETTRE AU TEST DANS LES ENQUÊTES DE SÉROPRÉVALENCE

Georges Reniers and Jeff Eaton

EMail: reniers@colorado.edu

Nationally-representative HIV seroprevalence surveys are increasingly being relied upon for HIV prevalence estimates. We explore the potential for bias in these estimates because of non-response due to the refusal to be tested. The few studies on this topic have failed to identify any substantial bias, but they typically ignore bias due to refusals that are informed by prior knowledge about one's HIV status. In a sample of respondents from Malawi that had been tested before, we find that HIV positives are five times more likely to refuse a subsequent test than HIV negatives. We use this parameter in simulations that further rely on empirical data from the Demographic and Health Surveys and demonstrate that this factor alone may lead to significant bias in HIV prevalence estimates; particularly in urban areas where HIV prevalence, refusal rates, and coverage of VCT are often higher.

47. FACTORS CONTRIBUTING TO DIFFERENCES IN PREVALENCE OF HIV/AIDS IN SOUTH AFRICA AND BANGLADESH / LES FACTEURS CONTRIBUANT À LA DIFFÉRENCE DE PRÉVALENCE DU VIH/SIDA EN AFRIQUE DU SUD ET AU BANGLADESH

Jeroen van Ginneken

EMail: Ginneken@nidi.nl

Politicians in SA stated that poverty is the most important cause of the HIV epidemic. We will determine how important this factor is compared to other factors and will do this through comparison with Bangladesh with low HIV prevalence. The Barnett and Whiteside model is used to identify factors and we use data from surveys (DHS) and economic and anthropological data. Per capita income is in SA 5 times higher than in Bangladesh and 2 times higher in the lowest income quintile. Poverty is one of the causes of the SA epidemic, but there are others that are as or more important. Relevant among these others are in SA (compared to Bangladesh) high prevalence of concurrent partnerships, high level of STIs, low prevalence of male circumcision. Many of these factors are associated with a frequently occurring SA type of family system that is less stable and cohesive than in Bangladesh.

48. FERTILITY TRANSITION IN NIGERIA: EXPLORING THE ROLE OF DESIRED NUMBER OF CHILDREN / LA TRANSITION DE LA FÉCONDITÉ AU NIGERIA: EXPLORER LE RÔLE DU NOMBRE D'ENFANTS DÉSIRÉS

Latifat Ibisomi and Clifford O Odimegwu

EMail: libisomi@yahoo.com

Fertility transition is on in Nigeria. Speculations are rife as to the factors driving the observed fertility changes. This study investigates if and how 'desired number of children' influences the observed fertility changes. The study utilized information collected from twenty-four focus group discussion sessions across the country to achieve the study objective. Results show that although people are revising the number of children they are having downwards, the desired number of children is high. This is promoted by religion and culture while changing socio-economic factors limit the actual number of children people have. The number of children desired is high and does

not play any reducing role in the observed fertility changes. This is a challenge for policies and programmes aimed at lowering the desired number of children for sustainable and continued fertility decline in Nigeria.

48. FERTILITY CHANGES, FORMS OF UNION AND COHABITATION IN TWO WEST AFRICAN CITIES, BAMAKO AND LOMÉ / CHANGEMENT DE FÉCONDITÉ, FORMES D'UNION ET DE COHABITATION DANS DEUX VILLES OUEST AFRICAINES: BAMAKO ET LOMÉ

Solene Lardoux and Donatien Beguy

EMail: solene.lardoux@umontreal.ca

In most African countries, fertility started to decrease but the pace and intensity of the decline varies greatly. In West Africa countries like Mali show a recent and slow fertility decrease. In Togo, the decline of fertility started earlier and reached levels that are lower than in Mali. In the present communication, our aim is to study the relation between status of residence and formality (and legality) of union with timing and number of births in two capital cities of Togo and Mali. Results of this research will cast light on two questions: how are the new forms of union related to changes in fertility in Bamako and Lomé? What are the differences and the similarities between the two capital cities, as for these relations? The originality of two retrospective surveys should help us better understand the contexts of high fertility levels, the role of cohabitation and marriage on fertility.

48. ANALYSIS OF FAMILY BUILDING PATTERNS IN KENYA / L'ANALYSE DES MODÈLES DE COMPOSITION FAMILIALE AU KENYA

Alfred Otieno

EMail: ataotieno@uonbi.ac.ke

The absence of any further decline in Kenya in recent past has alarmed the demographic community. While such phenomenon is not new, it is also possible that the observed fertility as measured by TFR maybe due to flaws in the in distortion of TFR from changes in the timing of childbearing. On the other hand, there may have been a real reversal in fertility decline that could arise from change in fertility preferences. However, tracing fertility trends by traditional measures (such as TFR) in early stages of demographic transition is speculative and uncertain even if data is of good quality. This study uses birth history data from the 1998 and 2003 KDHS to examine trends in family building patterns. The main conclusion is that fertility rates increased among women in the middle age (25-34) for those in parities 4 and 5 but declined for both younger and older women.

48. THE DYNAMICS OF TIMING AND SPACING OF BIRTHS IN ETHIOPIA: A FOCUS ON URBAN-RURAL DIFFERENCES / LA DYNAMIQUE DE LA PROGRAMMATION ET DE L'ESPACEMENT DES NAISSANCES EN ETHIOPIE: ATTENTION SUR LES DIFFÉRENCES URBAINES-RURALES

Daniel Sahleyesus and Roderic Beaujot

EMail: dan.sahleyesus@utoronto.ca

Although studies invariably show that, in all regions of the world, fertility levels vary between urban and rural areas, recent years have witnessed a substantial decline of average fertility in major urban centers of Ethiopia. TFR in urban areas is half the national total, a phenomenon that applies to only few other countries of sub-Saharan Africa. Using data from the 2000 Ethiopia

Demographic and Health Survey, this study examines the relationship between a set of theoretically relevant covariates and the timing and spacing of births for urban and rural areas. We apply life table techniques and parametric hazard models for the analysis. Three separate parametric hazard models are estimated for each birth interval. The first and second models, respectively, tested the independent effects of demographic-proximate and socio-cultural variables on the timing of births while the full model tested their combined effects. Major findings and their policy implications are discussed in relation to key theoretical paradigms of reproductive change.

49. EFFECTS OF HIV/AIDS ON CHILDREN'S SCHOOLING IN UGANDA / LES EFFETS DU VIH/SIDA SUR L'ÉDUCATION DES ENFANTS EN OUGANDA

John Bosco Asiimwe

EMail: asiimweajb@isae.mak.ac.ug

Children are persons aged below 18 years (UNHS, 2006), by the end of 2006, there were 2.3 million children living with HIV/AIDS around the world (Avert 2007). Nine out of ten of these, are in sub-Saharan Africa, HIV/AIDS particularly in LDCs has far reaching implications for the nations in terms of eroding the productive population and collapsing economies, the impact is also manifested among school going children leading to poor attendance and performance patterns due to poor health, the associated stigma at schools and adult responsibilities. The study therefore aims at sampling parents who have opened up on their HIV stereo-status, to identify affected children, in order to accumulate empirical date on the effects of HIV/AIDS on children's schooling in Uganda. More specifically, the study will target the effects of HIV/AIDS on school attendance, concentration and performance. The dropout rate among this group will also be examined.

49. IMPACT OF RURAL-URBAN MIGRATION ON DEVELOPMENT IN KIGALI / L'IMPACT DE LA MIGRATION RURALE-URBAINE SUR LE DÉVELOPPEMENT À KIGALI

Gakwandi Canisius

EMail: c_gakwandi@yahoo.co.uk

Context: In 2008 more than half of the world's human population, 3, 3 billion people, will be living in urban areas. In Rwanda, like any other developing country, there is ample evidence to suggest that the level of urbanization is increasing. Consequently Kigali is currently battling the pressure of population increase, making it difficult for the city to accommodate the rapidly growing population and provide housing, urban services and employment opportunities. An estimated one million people share 722.3 square kilometers of land. With a population density of 322 persons/km², the availability of land is among the country's chief constraints. Refereed to census and journal articles, which depict aspects in recent pressure of rapid population in Kigali. Despite the government efforts in response to this problem, by launching an integrated massive low cost housing program for low-income families, majority of the population is living in informally developed housing, of poor conditions including street residents.

49. EVIDENCE OF RECENT FERTILITY DECLINE IN ERITREA: IS IT A CONFLICT-LED DECLINE? / LA PREUVE DU DÉCLIN ACTUEL DE LA FÉCONDITÉ EN ÉRYTHRÉE: EST-CE UN DÉCLIN ENTRAÎNÉ PAR LE CONFLIT?

Gebremariam Woldemicael

EMail: gebre_wm@yahoo.com

Using retrospective event histories from the 2002 Eritrea Demographic and Health Survey (EDHS), we examine fertility responses to military conflict in Eritrea. The proposition of the possibility of a conflict-led fertility decline is examined using bivariate period fertility trend analyses and multivariate statistical methods. The findings are inconsistent with the hypothesis of a conflict-initiated decline. Rather, they indicate the onset of a long-term fertility decline, being accelerated by the recent border conflict with Ethiopia. The implications of these findings for theories about fertility change in times of military conflict is that crises may not be likely to initiate a sustainable fertility transition, but can still prompt short-term fertility changes and thus modify an ongoing decline.

49. SCHOOLING OUTCOMES AMONG ORPHANS IN NAIROBI / LES RÉSULTATS SCOLAIRES DES ORPHELINS À NAIROBI

Rose Towett and Kanyiva Muindi

EMail: rtowett@aphrc.org

The number of AIDS orphans in sub Saharan Africa will continue to grow or remain high for a long time, even if the prevalence stabilizers or begins to decline. Kenya has experienced an increase in the proportion of orphans from 9% in 1998 to 11% in 2003. With the deepening poverty in SubSaharan Africa, the dramatic increase in the number of orphans in many countries has had a toll on the economies. This study looks at the effect of orphanhood on schooling in Nairobi. Orphanhood is likely to reduce living standards of a large number of children and further worsen the poverty situation of several countries and would have enormous consequences for the futures of these countries. A longitudinal data set of 5-19 year-olds will be used. Data will be analyzed using logistic regression methods. The results will inform policy on ways of improving outcomes of orphaned children.

50. PROGRESSIVE TRANSFORMATION OF TRADITIONAL MARRIAGE PATTERNS IN CÔTE D'IVOIRE / TRANSFORMATION PROGRESSIVE DES RÉGIMES TRADITIONNELS DE NUPTIALITÉ EN CÔTE D'IVOIRE

Anoh Amoakon and N'gnanda Anne Marie Kouadio

EMail: anoh_akon@yahoo.fr

Les indicateurs de la primo-nuptialité et de la polygamie obtenus à partir des données du recensement général de la population et de l'habitation de 1998 (RGPH 1998) et de la documentation écrite disponible montrent que les régimes traditionnels de nuptialité (précoces et polygamiques) sont progressivement remis en cause. Tel qu'il ressort de la comparaison des données départementales, trois régimes de nuptialité peuvent être distingués: un régime traditionnel; un régime intermédiaire; un régime moderne. Les résultats des entretiens semi-directifs auprès des jeunes de 15 à 24 ans menés dans trois communes à Abidjan en 2005 et 2006 indiquent que très peu de jeunes approuvent le mariage précoce des filles, qu'elles soient scolarisées ou non. La quasi-totalité des jeunes hommes, quelle que soit leur condition d'existence, désapprouve la polygamie. En revanche les jeunes filles sont partagées. Ces résultats constituent des indices de changements dans l'organisation sociale de la famille.

50. TRANSFORMATION OF MARRIAGE PATTERNS. MARRIAGE, DIVORCE AND REMARRIAGE IN FOUR AFRICAN CAPITALS: ANTANANARIVO, DAKAR, LOMÉ AND YAOUNDE / TRANSFORMATION DES MODÈLES MATRIMONIAUX (MARIAGE, DIVORCE ET REMARIAGE) DANS QUATRE CAPITALES AFRICAINES : ANTANANARIVO, DAKAR, LOMÉ ET YAOUNDE

Philippe Antoine

EMail: antoine@ird.sn

Privilégiant une approche comparative et en s'appuyant sur une série d'enquêtes biographiques originales conduites à Yaoundé, Antananarivo, Lomé et Dakar, nous examinerons les transformations profondes qui affectent le mariage, le divorce et le remariage en Afrique et tenterons d'expliquer les évolutions en cours à l'aide d'analyses biographiques. L'histoire de vie matrimoniale met en évidence l'ampleur du divorce et du remariage et rend compte de l'évolution de ce phénomène. Nous avons donc cherché à mieux comprendre les processus affectant la vie matrimoniale des femmes et des hommes dans ces capitales africaines et les comparaisons présentées montrent bien la diversité des situations. N'assiste-t-on pas à une "transition de la nuptialité" dans les villes africaines, c'est-à-dire, si les plus jeunes générations n'adoptent pas de comportements différents de ceux de leurs aînés ? Est-ce un effet de génération ? D'autres facteurs médiatisés par les générations sont-ils à la base de ces changements ?

50. MARRIAGE RIGHTS AND PRIVILEGES: LUO LEVIRATIC UNION REVISITED / LES PRIVILÈGES ET LES DROITS SUR LE MARIAGE: L'UNION LÉVIRATIQUE CHEZ LES LUO REVISITÉE

Ogotu E M Gilbert

EMail: gemogutu@yahoo.com

It is the argument of this paper that to equitably address the problems of investment in human development, there is dire need to probe and understand family creation processes, gender relations and household dynamics. This entails closer look at the processes of cohabitation, marriage and remarriage as practiced by various communities in Africa. Because it would be naïve to generalize for the whole continent of Africa, given the diversity of norms and values governing the family, gender and household dynamics, we have singled out the Luo community of Kenya as paradigm for analysis and reflection. It is our contention in this paper that a close look at the family, rampant gender issues and culturally diverse relations within the household should enable us appreciate population dynamics, growth or decline and then detect consequences often made manifest in high levels of poverty, poor education, low economic growth, environmental degradation and food insecurity.

50. IS POLYGAMY WEAKENING? DIVERSITY AND TRENDS IN AFRICA DURING THE PAST 50 YEARS / LA POLYGAMIE S'AFFAIBLIT-IL? LES DIVERSITÉS ET LES TENDANCES EN AFRIQUE AU COURS DES 50 DERNIÈRES ANNÉES

Véronique Hertrich

EMail: hertrich@ined.fr

Polygamy is a strong institution in Sub-Saharan Africa: its extinction was predicted in the 60s but, until the 90s, signs of decline are rare. However changes in nuptiality patterns (increase in female age at first marriage, decline in age gap between spouses) and economic constraints are challenging the maintenance of polygamy. The paper describes polygamy trends over the past 5 decades using

the available national data for all African countries (about 270 census and national surveys). It shows a declining trend of polygyny in most of the countries, but with differences in the pace and the period of the decline, and persistent regional variations. Several additional questions are examined: Are polygamy trends consistent with changes in first marriage patterns? Is there any correlate between polygamy and socio-economic development? Are the recent trends of polygamy associated with the economic crisis?

51. TRENDS IN ASSORTATIVE MATING, BY ETHNICITY IN GHANA / TENDANCES DE COHABITATIONS SÉLECTIONNÉES, PAR ETHNIE AU GHANA

Pearl Kyei, Hyunjoon Park and Jeroen Smits

EMail: pekyei@sas.upenn.edu

Patterns of assortative mating can be informative because they reflect the strength of social boundaries across groups. The purpose of this paper is to provide an overview of ethnic homogamy in Ghana using data from the 2000 census and the Ghana Demographic and Health Surveys. 90% of couples are ethnically homogamous and the likelihood of being in an interethnic union varies by education, ethnicity, gender and region. While ethnically homogamous couples are equally as likely to have educational homogamy, partners in interethnic couples have greater educational attainment. An interesting finding is that even within interethnic unions there are distinct patterns: the majority of interethnic couples share similar ethnic combinations and there is little intermarriage between certain ethnic groups.

51. COHABITATION, MARRIAGE AND REMARRIAGE PATTERNS / MODÈLES DE COHABITATION; DE MARIAGE ET DE REMARIAGE

Ahmad Maqsood and Rizwana Yusuf

EMail: ihmsaw@bijoy.net

Africa is a continent with diverse cultures, religions, ethnicities and is faced with exorbitant population growth as an alarming detrimental factor contributing towards poverty, lack of education, infant mortality, food shortage, stagnation of economic growth and HIV. Universally, marriage is the fundamental basis of the structure of a family and therefore, through enhancing the effectiveness of this institution, Africa could possibly experience population control, prevent exponential spread of HIV/AIDS and reduce infant mortality whilst curbing poverty. These foreseeable goals can only materialize through the advocacy of education. This paper proposes to educate the mass population, particularly on laws of marriage and family in accordance with ones Religion and its Holy Doctrines. The dissemination of knowledge on these state laws and religious codes of conduct can be done through the participation of the civil society and collaborative efforts of the government, non-governmental organizations, media, intellectuals, professionals, religious leaders of all Faith.

51. POST-MARITAL RESIDENCE IN URBAN SENEGAL: REVELATIONS ABOUT CONTEMPORARY MARITAL DYNAMICS AND CONJUGAL LIFE / LA RÉSIDENCE POST-MARIAGE EN MILIEU URBAIN SÉNÉGALAIS: LES RÉVÉLATIONS SUR LES DYNAMIQUES MATRIMONIALES CONTEMPORAINES ET LA VIE CONJUGALE

Sara Randall and Nathalie Mondain

EMail: s.randall@ucl.ac.uk

This paper uses qualitative data from two contrasting urban communities in Senegal to investigate the local forces transforming nuptiality. We examine the choices surrounding cohabitation after

the marriage as these reveal the changes affecting marriage processes and conjugal relationships. Since, in Senegal, the wife traditionally joins her husband's household, a gendered approach to current marriage dynamics is necessary. It shows that both the perspectives of the reasons for change, and the experienced reality of the transformations, differ substantially between men and women. We also demonstrate that urban settings should not be treated as homogenous categories by showing the diversity of situations between the two communities. In particular, international migration is shown in one context to reinforce 'traditional' marriage patterns whereas in the capital the combination of higher education, new values and aspirations, economic crisis and difficult living conditions have transformed conjugal relations

51. THE DETERMINANTS OF CONSANGUINEOUS MARRIAGE IN EGYPT, 1988-2000 / LES DÉTERMINANTS DU MARIAGE PAR CONSANGUINITÉ EN EGYPT, DE 1988 À 2000

Alexander Weinreb

EMail: awein@mscc.huji.ac.il

This article reviews three mechanisms related to autonomy, wealth, and local cultural factors, which are said to underly the high prevalence of consanguineous marriage in Arab societies. In the main analysis, it then assesses each of them empirically, pooling the most recent marriage cohorts in the 1992 and 2000 waves of the Egyptian Demographic and Health Surveys. Two results stand out. First, there is considerable temporal and rural-urban heterogeneity in the type of women drawn to consanguineous marriage on all three dimensions of interest, suggesting that the moderate declines in consanguinity are engaging different types of women. Second, there are powerful within-community correlations in marital practice, implying strong clustering of underlying institutional (and unobserved) supports for consanguinity. A secondary analysis then identifies the relative characteristics of 1st cousin patrilineal and matrilineal wives, finding significant differences between them on wealth, autonomy, and spousal age difference.

52. SIDE MEETING: EMERGING POPULATION ISSUES AND THEIR IMPACTS ON ECONOMIC DEVELOPMENT: OPPORTUNITIES AND CHALLENGES, AFRICA DEVELOPMENT BANK / SÉANCE SPÉCIALE: AFRICA DEVELOPMENT BANK

Prosper Poukouta

EMail: p.poukouta@afdb.org

At the current rate of 2.2%, Africa's population is expected to increase from 906 million in 2005 to 1.1 billion in 2015. More than half of this population will be under 25 years of age. Reproductive health conditions are devastating: 25 million Africans are infected with HIV, 12 million children orphaned; women are increasingly affected with the feminization of the epidemic and poverty and have 1 in 16 chance of dying while giving birth; only one out of every five married women uses a modern contraceptive. The continent with 10% of the world population, and third largest land mass remains on the sidelines of globalization as stated at the Millennium Summit: MDGs cannot be achieved if population, reproductive health and gender issues are not squarely addressed. The purpose of this session is to stimulate debates around new approaches for integrating population data, reproductive health, youth and migration into the development/poverty framework.

Session 1: Maputo Plan of Action: New framework for sexual and reproductive health (World Bank)

Session 2: Use of census data for poverty analysis (United Nations Population Fund)

Session 3: Migration and regional integration in SADC (Statistics South Africa)

Session 4: Demographic window and youth in Africa (Economic Commission for Africa)

54. EXPLAINING CONTRASTING NATURAL TRENDS AND PROGRESS IN ACHIEVING MDG 4 / EXPLIQUER LES TENDANCES NATURELLES ET CONTRASTÉES ET LE PROGRÈS RÉALISÉ POUR ATTEINDRE L'OMD 4

Olumuyiwa L Abejide and Ayodeji J Kupoluyi

EMail: oluabejide@yahoo.com

The trends and progress in achieving Millennium Development Goal 4 have been experiencing steady improvement in the last seven years of its declaration. The goal is aimed at reducing child mortality by two thirds, between 1990 and 2015. Most countries in the sub-Saharan Africa are still trailing far behind. A lot of factors militate against their move to achieve remarkable low child mortality rate. This paper examines some of the policies and programmes of the international communities, agencies and Nigerian government in achieving the set goal in the remaining eight years to the end of the stipulated time (2015). Also, the paper discusses the trends and progress of some countries within the Africa continent (especially the Northern Africa) in comparison to Nigeria state of affairs. Reasonable remedies to some of the clog in the wheel of progress in achieving the reduction in child mortality rate are proffered in the paper.

54. SPATIAL ANALYSIS OF CHILDHOOD MORTALITY IN MOZAMBIQUE / ANALYSE SPATIALE DE LA MORTALITÉ INFANTILE EN MOZAMBIQUE

Martin Bangha

EMail: wbangha@pop.upenn.edu

Mozambique features prominently among the 28 or so countries identified as currently entertaining extreme high levels of child deaths and lagging behind in the progress towards MDG 4 target. However, there is considerable dearth of knowledge on the geographic differences that explain the high levels and disparities in childhood mortality. This paper uses data from the 1997 census in conjunction with GIS to investigate the magnitude of geographic disparities in child health in Mozambique and to highlight the implication for using global level results in monitoring MDG progress. The results show wide provincial differences and even huge district level differences in childhood mortality. There is a geographic mortality gradient, with moderate levels in the Central and low levels in the South as opposed to the generally higher levels experienced in the Northern part of Mozambique. Proximity to major urban centers is apparently associated with a depressing effect on childhood mortality.

54. SOME SOCIO-ECONOMIC AND DEMOGRAPHIC DETERMINANTS OF INFANT AND CHILD MORTALITY IN TANZANIA. A CASE STUDY OF KARAGWE DISTRICT / DÉTERMINANTS DÉMOGRAPHIQUES ET SOCIO-ÉCONOMIQUES DE LA MORTALITÉ INFANTILE EN TANZANIE: CAS DU DISTRICT DE KARAGWE

Girson L.K. Ntimba and Maurice C.Y. Mbago

Email: girsonntimba@yahoo.co.uk

Mortality is among demographic processes whose measures reflect the health status of population and in turn reflect the state of socioeconomic conditions in the country. This study examined some socio-economic and demographic determinants of infant and child mortality in Tanzania, a case study of Karagwe District. The study was undertaken in the month of October 2005 involving a sample of 88 mothers from urban and 112 from rural settings in reproductive age 15-49 years. The analysis of data involved three levels: i) Univariate ii) Bivariate and iii) Multivariate analysis. Of all the independent variables tested in this study, employment status, children everborn and age of mother at first birth were found to be significant in influencing Infant and Child Mortality. Income of the mother and that of the household were not significant in influencing Infant and Child Mortality. Age of mother was not significant only in the multivariate analysis.

54. DIFFERENTIAL USAGE OF BASIC AND EMERGENCY OBSTETRIC CARE SERVICES IN TANZANIA: FACILITATING AND IMPEDING FACTORS / L'USAGE DIFFÉRENTIEL DES SERVICES DE SOINS OBSTÉTRICAUX DE BASE ET D'URGENCE EN TANZANIE: LES FACTEURS FAVORABLES ET DÉFAVORABLES

Papiya Guha Mazumdar and Sumit Mazumdar

Email: papiyaguha@rediffmail.com

The Government of Tanzania is committed to curb down the rate of maternal mortality, through available and accessible quality maternal health care and also by enabling women's access to such services. The major stress is on avoiding preventable maternal deaths through Basic and Emergency Obstetric Care (EmOC). Using the DHS-2004 data for the country we examine the differential use and factors influencing women's uptake of Basic & Emergency Obstetric Care services. Two indicators taken as the proxy for EmOC; proportion of skilled attendance at delivery and births by caesarean section, were observed to be at lower levels than expected, reflecting overall vulnerability. The extent is more pronounced for the poorer sections of women. The paper provides important insights that though economic status plays a major determining role, for success of program other significant individual and household factors should also be gainfully targeted to reach the underserved women in need.

55. FAMILY PLANNING POLICY IN KENYA SINCE THE STALL IN FERTILITY DECLINE: POLICY SPACE, BUDGETING AND ADVOCACY INITIATIVES / LA POLITIQUE DU PLANNING FAMILIAL AU KENYA DEPUIS LA STABILISATION DU DÉCLIN DE LA FÉCONDITÉ: ESPACE POLITIQUE, BUDGETISATION ET INITIATIVES DE PLAIDOYER

Joanna Crichton

Email: jcrichton@aphrc.org

During the past decade, prioritisation of family planning programmes has weakened in national and international policy agenda. In many African countries, this has undermined sexual and reproductive health services and the implementation of population policies. Despite Kenya's history of political

commitment to family planning, current figures show stagnation in family planning usage and a stall in fertility decline. Based on key informant in-depth interviews and a review of academic and official publications, this paper examines recent developments in family planning policy in Kenya. It examines efforts by a range of actors to 'reposition family planning' in government policy and to secure the incorporation of contraceptive commodities in the national government budget of 2005. The policy space for a reprioritisation of family planning and the advocacy strategies used by its proponents are assessed. The implications for the future of family planning in Kenya and elsewhere in Africa are considered.

55. KENYAN MIDWIVES REVITALIZE POSTPARTUM CARE / LES SAGE FEMMES DU KENYA REVITALISANT LES SOINS POST-NATALES

Rosemary Kamunya, Nancy Koskei, Elaine Roman, Holly Blanchard and Angela Nashmercado

EMail: rkamunya@jhpiego.net

The postpartum period represents an important opportunity for providing family planning services. A recent review of the Kenyan DHS 2003 data for women in the first year postpartum found that nearly 70% had unmet need for family planning. An initiative aimed at strengthening postpartum care, 'focused postpartum care' is being implemented in Embu District in Kenya. Focused postpartum care, aims to improve essential maternal and neonatal care, and promotes early and exclusive breastfeeding. Lactational amenorrhea method, other modern methods compatible with breastfeeding, return to fertility and benefits of healthy timing and spacing comprise the essence of postpartum family planning. Operations research is being carried out to evaluate the feasibility and effectiveness of the work. Initial observations of the initiative are encouraging. The results of the research will be presented to stakeholders in Kenya and neighboring countries, for review and consideration as a best practice for sustaining, scaling up and replication.

55. KENYAN MIDWIVES PROVIDE POSTPARTUM IUDS / LES SAGE FEMMES DU KENYA PRESCRIVENT DES DIU POST-NATALES

Rosemary Kamunya, Nancy Koskei, Elaine Roman, Angela Nashmercado and Holly Blanchard

EMail: rkamunya@jhpiego.net

Providing postpartum insertion of IUD's offers several important advantages: • Readily accessible for women who deliver at health care facilities • No effect on breastfeeding • Safe for use by HIV-positive women • Immediately reversible should contraceptive desires change IUD expulsion rates are higher than those for the interval technique, but can be minimized when insertion: • Occurs within 10 minutes after delivery of the placenta • Is sufficiently high in the uterine fundus • Is done by a specially trained provider. Few physicians provided immediate postpartum IUD placement in teaching hospitals. Kenyan midwives are now being trained to add postpartum IUD's to the method mix during the immediate postpartum after deliveries at primary facilities. JHPiEGO and EngenderHealth are training Kenyan midwives postpartum IUD insertion. The Kenyan midwives are field-testing an update manual, and monitoring patient satisfaction with PPIUD, continuation of method, expulsion rate and acceptability among staff and patients.

55. PATTERNS, LEVELS AND TRENDS IN UNMET NEED FOR CONTRACEPTION: A CASE STUDY OF KENYA / MODÈLES, NIVEAUX ET TENDANCES DES BESOINS NON SATISFAITS DE LA CONTRACEPTION: UNE ÉTUDE DE CAS AU KENYA

Sam Wafula and Lawrence Ikamari

EMail: swangila@yahoo.com

We explore the levels, patterns and trends in the level of unmet need for contraception using the KDHS 1998 and 2003. Results reveal a drop in the overall unmet need for contraception of about 8.7%. Generally, unmet need for contraception to space is much higher than that to limit. Findings show that between 1994 and 2003, the need to space births decreased by a much less percentage (8.2%) as compared to that of limiting further births (9.6%). The study employs binary logistic regression models to assess the age of the woman, educational level, the type of place of residence, exposure to mass media, the province of residence, partner's approval of family planning and ethnicity in explaining unmet need. Separate models are fitted for unmet need to space, limit and the overall unmet need.

56. ASSESSMENT OF THE INFLUENCE OF SOCIO-ECONOMIC STATUS ON THE QUALITY OF LIFE AND ACTIVITIES OF DAILY LIVING AMONG THE ELDERLY / EVALUATION DE L'INFLUENCE DE LA SITUATION SOCIO-ÉCONOMIQUE SUR LA QUALITÉ DE VIE ET LES ACTIVITÉS DE LA VIE QUOTIDIENNE CHEZ LES PERSONNES ÂGÉES

Akanni I. Akinyemi, Joshua Aransiola, Olusina Bamiwuye and Lanre Ikuteyijo

EMail: akakanni@yahoo.ca

The study aim at examining the influence of socio-economic status of the elderly on their well-being. Using two indicators of well-being (AMS scale and ADL), we examine wealth index differentials on self-reported assessment of well-being among 974 elderly population in Nigeria. Activities of Daily Living (ADL) examine fourteen activities, which they needed to do as part of their daily lives. The Aging Male Symptoms instruments assessed self-reported quality of life on a 17-variable scale to assess general well-being of the subjects. The data showed that decline in sexual feelings is more pronounced among males. Males also expressed the feelings of decline in productivity and the feelings that they have passed their peak.

56. THE QUALITY OF LIFE OF HOUSEHOLDS AND THERAPEUTIC BEHAVIOUR AMONG THE ELDERLY IN CAMEROON. / CONDITIONS DE VIE DES MÉNAGES ET COMPORTEMENTS THÉRAPEUTIQUES DES PERSONNES ÂGÉES AU CAMEROUN

Sebastien Mveing and Félicien Fomekong

EMail: semveing@yahoo.fr

Le Cameroun n'a jusque là été plus préoccupé que par la jeunesse de sa population et ses conséquences (sociales, économiques et politiques). Or, la maîtrise de la procréation à travers les programmes de planification familiale et la réduction sensible de la mortalité maternelle et infantile affectent progressivement la structure démographique de la population, en posant des problèmes liés au vieillissement de celle-ci. Il faut également noter que le vieillissement de la population constitue un facteur de changement du fonctionnement des sociétés et, préoccupé par la crise de solidarité traditionnelle qui l'accompagnent et par le fait que cette croissance engendre, un certain nombre de problèmes dérivés du vieillissement parmi lesquels la demande de soins occupe une place importante. Surtout lorsqu'on sait le rapport entre les conditions sanitaires et le risque de survivre. Cette étude présente les rapports entre le niveau de vie des ménages et la demande des soins de santé des personnes âgées.

56. LIVING ARRANGEMENTS, SOCIO-DEMOGRAPHIC AND HEALTH CONDITIONS OF GHANA'S ELDERLY PERSONS: RESULTS FROM 2006 FOCUS GROUP DISCUSSIONS / LES ARRANGEMENTS DE MODE DE VIE, LES CONDITIONS SOCIODÉMOGRAPHIQUES ET DE SANTÉ DES PERSONNES ÂGÉES AU GHANA: RÉSULTATS DES " GROUPES DE DISCUSSION" DE 2006

Chuks J Mba, Gifty Addico and Richard M K Adanu

EMail: chuksmba@ug.edu.gh

A pilot study was carried out in one urban slum in Greater Accra Region (Old Fadama) and one rural HIV/AIDS endemic locality in Eastern Region of Ghana (Fanteakwa). Focus group discussions were held in 2006 with a view to unearthing important information relating to persons aged 60 years and above. The results suggest some were compelled to take care of their grandchildren, most were not living with their adult children, they now contend with the double burden of fending for themselves and providing for the upkeep of their co-resident grandchildren. Looking over their lives from childhood till date, major shifts have been noticed in the living arrangements of the household; parents/children relationships; and position and authority of the elderly in the community. They were generally unhealthy and it was not easy assessing primary health care. The findings have important implications for the health and well-being of the elderly in Ghana.

56. THE CARE OF THE ELDERLY IN THE MEASUREMENT OF POVERTY IN SENEGAL / PRISE EN CHARGE DES PERSONNES DU 3ème ÂGE DANS LA MESURE DE LA PAUVRETÉ AU SÉNÉGAL

Seydou Touré and Abdoulaye Tall

EMail: seydourou@yahoo.fr

Cette étude s'intéresse à la manière dont les personnes du 3ème âge sont prises en compte dans la mesure de la pauvreté au Sénégal dans différentes études consacrées à la pauvreté au Sénégal depuis le milieu des années 1990. Les enquêtes sur les conditions de vie des ménages rendent compte des caractéristiques des individus et des ménages ainsi que de leur accès aux revenus et aux services sociaux de base. Dans ces études, la mesure de la pauvreté est basée sur les revenus des ménages qui sont dirigés dans une proportion de plus de 50% par des personnes du 3ème âge. Les différentes évaluations de la pauvreté donnent une idée de l'évolution du phénomène chez les personnes du 3ème âge entre 1994 et 2005. Cette étude s'intéresse à la fois aux approches mises en œuvre et à l'évolution du niveau de la pauvreté chez ces personnes du 3ème âge.

57. PROFESSIONAL ACTIVITIES OF THE YOUTH: AN OPPORTUNITY OF QUALITY TRAINING OR AN OBSTACLE TO SOCIAL MOBILITY IN BAMAKO? / L'ACTIVITÉ PROFESSIONNELLE DES JEUNES: UNE OPPORTUNITÉ DE FORMATION QUALIFIANTE OU UNE ENTRAVE À LA PROMOTION SOCIALE À BAMAKO?

Abdoul Wahab Dieng and Tiéman Coulibaly

EMail: Abdoul.Dieng@ses.unige.ch

Dans le contexte malien de nos jours, la situation des jeunes est marquée par leurs sorties nombreuses de l'école et leur tendance à s'impliquer davantage dans l'activité professionnelle. Pour certains, il s'agit de stratégies de survie face à la précarisation des conditions de vie, et pour d'autres, d'une exposition à des pratiques "indécentes" ou simplement risquées. Notre étude cherche à partir des trajectoires de formation et d'activités des jeunes et d'entretiens à montrer que ces stratégies sont aussi, pour les jeunes notamment, des alternatives de formation qualifiante. Ainsi, nous réfléchissons

sur les motivations objectives et subjectives qui poussent ceux-ci à quitter l'école pour une activité professionnelle. Dans une perspective de genre, il s'agira en particulier, de mettre en évidence les conditions favorables à la formation et à l'insertion professionnelle des jeunes et les facteurs qui, au contraire, constituent de véritables obstacles.

57. TRANSITIONS FROM SCHOOL TO WORK IN URBAN SOUTH AFRICA: EVIDENCE FROM THE CAPE AREA PANEL STUDY / LES TRANSITIONS DE L'ÉCOLE AU TRAVAIL DANS LE MILIEU URBAIN EN AFRIQUE DU SUD: RÉSULTATS DE L'ÉTUDE DES EXPERTS DANS LA RÉGION DU CAP

David Lam, Murray Leibbrandt and Cecil Mlatsheni

E-Mail: davidl@umich.edu

This paper uses new longitudinal data - the Cape Area Panel Study (CAPS) - to analyze transitions from school to work in South Africa. The paper uses both retrospective annual calendar data collected in 2002 and monthly longitudinal data collected in 2003, 2004, and 2005, to analyze patterns of school enrolment and working and transitions into employment after leaving school. The results show large racial differences in school-work transitions, with white youth much more engaged than African youth in employment from the early teenage years. Using monthly reports on employment, we document a slow by steady process of finding jobs among white and coloured youth, with much poorer results for African youth. Using detailed schooling histories and a literacy and numeracy test administered in Wave 1, we estimate substantial returns to both schooling and test scores in finding employment after leaving school.

57. THE EFFECT OF HEALTH STATUS AND PERCEPTION OF DEBILITATING HEALTH CONDITIONS DURING LIFE COURSE ON EDUCATIONAL ASPIRATIONS OF ETHIOPIAN YOUTH / LE RÔLE DE LA FAMILLE, DE LA COMMUNAUTÉ ET LA SITUATION DE LA SANTÉ DANS LES ASPIRATIONS À L'ÉDUCATION DES JEUNES ETHIOPIENS

Optat H Tengia, David P Lindstrom, Dennis Hogan and Craig Hadley

E-Mail: optat_tengia@brown.edu

We investigate factors that affect adolescents' educational aspirations in southwestern Ethiopia using data from a longitudinal survey on 2,194 youths. We focus on the role of health and perception of future health status as potential important determinants of adolescent educational aspirations and educational outcomes. We use a two-step Heckman selection model to estimate, in the first stage, the probability of being in school, which we then use as a covariate in the second stage to predict the probability of having high educational aspirations. Preliminary results show that individuals' perception of the risk of debilitating health conditions in their life course reduce their educational aspirations.

57. PREVALENCE, RISK FACTORS, AND IMPACTS OF CHILD SEXUAL ABUSE AMONG ADOLESCENTS IN BURKINA FASO, GHANA, MALAWI, AND UGANDA / PREVALENCE, FACTEURS DE RISQUE, ET LES IMPACTS DE L'EXPLOITATION SEXUELLE DES ENFANTS PARMI LES ADOLESCENTS AU BURKINA FASO, AU GHANA, AU MALAWI ET EN OU UGANDA

Caroline W. Kabiru, Ph.D., Joanna Crichton, MPhil and Alex C. Ezeh, Ph.D.

Email: ckabiru@aphrc.org or carolinekabiru@gmail.com

Young people who have been sexually abused may be more likely to engage in high risk behavior. This descriptive study examined the prevalence of sexual abuse, and the association between sexual abuse and substance use and risky sexual behavior among nationally-representative samples of adolescents aged 12-19 years in Burkina Faso, Ghana, Malawi, and Uganda. Adolescents who had been sexually abused were more likely than those who had not been abused to be substance abusers. Sexual harassment was associated with a greater likelihood multiple sexual partnerships. Adverse childhood sexual abuse may hasten transition into risk behavior such as drug use and risky sexual behaviors. Thus, policies and programs that prevent sexual abuse or provide treatment and counseling for sexually abused youth may not only be helpful in preventing abusive relationships or enhancing positive coping, but may also be useful in reducing substance abuse and poor sexual and reproductive health outcomes.

57. TRANSITION INTO ADULthood IN LOME (TOGO) / TRANSITION VERS L'AGE ADULTE A LOME (TOGO)

Donatien BEGUY

Email: Dbeguy2aphrc.org

This paper aims at examining the timing and sequencing of critical events such as employment, marriage and independent housing that mark the transition to adulthood, in Lome, the capital city of Togo. In the context of strong economic recession that characterizes Lome over the past three decades, it is crucial to have a better knowledge of what the youth experience while entering adulthood. This would help in designing the most appropriate population policy programs. What are the timing and the sequencing of these three events? What are the interactions between these events and how each influences the other? I used data from a retrospective survey which collected biographies (2,536 in Lome in 2000) of three birth cohorts (aged 45 59, 35 44 and 25 34) of individuals on their residential, family, schooling and professional trajectories. Event history analysis is used to describe and explain the timing and the sequencing of these events in Lome.

58. AIDS AND WITCHCRAFT: THE FAMILY AS THE PRINCIPAL CAREGIVER IN SOUTH CAMEROON / SIDA ET SORCELLERIE : LA FAMILLE COMME ÉLÉMENT CENTRAL DANS LA DÉFINITION ET LA PRISE EN CHARGE DE LA MALADIE AU SUD DU CAMEROUN

Marie-José Micheline Essi

Email: essimj@yahoo.com

Au Cameroun, la réalité sociale du sida est souvent associée aux explications sorcellaires. Une recherche qualitative a indiqué que l'assimilation du VIH/SIDA à une conséquence de sorcellerie est souvent une construction familiale. Qu'il s'agisse du diagnostic sorcier, ou de la prise en charge ethnomédicale, l'expérience des 18 malades de la population cible a validé l'hypothèse de

la décision familiale. Le choix du recours thérapeutique et l'adhésion aux ARV survenant autour de la maladie semblent des résultantes familiales. Ce pouvoir de la famille donne un caractère de vulnérabilité aux PVVS, car elles sont alors liées au degré d'utilisation exclusive ou simultanée des ARV et des médecines alternatives. Aux prises avec différents problèmes sociaux, les PVVS se tournent d'abord vers la famille dont l'intervention est sociale, économique et psychologique. Elle dépasse parfois la fonction d'intervention, et évolue à celle de décision, influençant de fait la prise en charge globale du malade.

58. GENDER AND SEXUAL BEHAVIOUR AMONG YOUNG CONGOLESE IN THE FACE OF HIV-AIDS / GENRE ET COMPORTEMENT SEXUEL DES JEUNES CONGOLAIS ACTUELS FACE AU VIH/SIDA

Gauthier Musenge Mwanza

EMail: gmusenge@yahoo.fr

Au Congo-Kinshasa, les estimations sur le VIH/Sida montrent une évolution géométrique de l'épidémie chez les filles (au moins 8 %) par rapport à l'évolution arithmétique chez les garçons (3 %) âgés de 15 à 24 ans. L'infection se diffuse dans les tranches d'âges plus jeunes quand les hommes choisissent comme partenaires sexuels des filles toujours plus jeunes. A la suite de cette évolution des préférences sexuelles, les filles sont infectées en moyenne dix ans plus tôt que les garçons ; c'est pourquoi, beaucoup d'entre elles vont mourir du sida à un âge moins avancé que les garçons. Dans la crainte qu'il y ait plus d'hommes d'âge fécond que de femmes, notre attention porte sur les contextes sociaux des causes et conséquences de ce déséquilibre pouvant conduire les hommes à avoir des rapports sexuels avec des filles encore plus jeunes, augmentant ainsi le taux de séropositivité des adolescentes.

58. SOCIO-ECONOMIC LIVES OF WOMEN WHO BREAST-FEED ARTIFICIALLY IN PMTCT (PROGRAMME OF MOTHER TO CHILD TRANSMISSION) IN SENEGAL / LE VÉCU SOCIO-ÉCONOMIQUE DES FEMMES QUI ALLAIENTENT ARTIFICIELLEMENT DANS LE CADRE DE LA PTME (PROGRAMME DE TRANSMISSION MÈRE-ENFANT) AU SÉNÉGAL

Ndeye Awa Sylla Thioye

EMail: mamythioye@yahoo.fr

L'un des principaux défis dans la lutte contre le VIH/sida est de faire reculer la transmission du virus de la mère à l'enfant. De nombreux facteurs influent la TME du VIH. Mais les facteurs sociaux, économiques et culturels qui sont les plus souvent occultés ou pas pris en compte par les programmes de prévention, constituent des facteurs importants de risque, dans ce sens qu'ils contribuent à augmenter le risque d'exposition de l'enfant aux virus ou aux maladies. Dans notre contexte africain, une femme qui n'allait pas est stigmatisée. La trop forte pression que subissent ces femmes font que certaines d'entre elles alternent souvent l'allaitement maternel et artificiel, et en l'absence de conditions sanitaires et d'une prise en charge satisfaisantes, font cumuler à l'enfant des risques associés à chacune de ces pratiques d'allaitement. Avec la phase d'extension de la PTME, les difficultés sociales et économiques ressurgissent surtout pour les femmes du monde rural.

59. HOUSEHOLD STRUCTURE AND CHILDHOOD MORTALITY IN GHANA: MONITORING PROGRESS ON THE MILLENNIUM DEVELOPMENT GOALS / LA STRUCTURE DU MÉNAGE ET LA MORTALITÉ INFANTILE AU GHANA: MESURER LE PROGRÈS DES OBJECTIFS DU MILLÉNAIRE POUR LE DÉVELOPPEMENT

Winfred A. Avogo and Victor Agadjanian

EMail: winfred.avogo@asu.edu

This study examines household structures and the living arrangements of children and its effects on child mortality using data pooled from the Ghana Demographic and Health Surveys. Results from discrete-time hazard models indicate that net of socio-economic, bio-demographic and maternal health utilization factors, children in nuclear family arrangements have lower odds of child mortality than those in three generational and laterally extended households. Results from rural and urban areas suggest that while household structure significantly predicts childhood mortality in rural areas, the same significant effect is not found in urban areas, where education and standards of living significantly predict child mortality. This study is situated within the framework of biological and behavioral causes of childhood mortality and takes a critical look at New Household Economics models in predicting childhood mortality. Some policy implications as they pertain to galvanizing efforts towards achieving the UN millennium development targets are discussed.

59. EXPLANATORY FACTORS FOR THE EVOLUTION OF WOMEN'S ECONOMIC CONTRIBUTIONS IN NIGER / FACTEURS EXPLICATIFS DE L'ÉVOLUTION DE LA CONTRIBUTION ÉCONOMIQUE DES FEMMES AU NIGER

Mahamane Ibrahima

EMail: m.ibrahima@umontreal.ca

Malgré un contexte économique défavorable, on observe une légère augmentation du niveau d'activité des femmes au Niger avec une variation selon les caractéristiques individuelles et celles du milieu. L'objectif du présent article est d'examiner les changements intervenus dans les niveaux et les déterminants de la participation économique de la femme. Les résultats, obtenus à partir des données des échantillons 10% des recensements de 1988 et 2001 montrent d'importants changements qui s'expliquent principalement par le statut familial de la femme. Ainsi, une femme chef de ménage a plus de chance de travailler que celle qui ne l'est pas. Par contre, la crise économique n'a vraisemblablement eu d'effets qu'en milieu urbain. L'ethnie, sensée capter les différences socioculturelles, n'a d'effets escomptés qu'en milieu rural. Quant au mariage, il joue un rôle positif dans l'exercice d'une activité économique pour la femme en milieu rural et reste sans effet en milieu urbain au Niger.

59. THE EVOLUTION OF GENDER RELATIONS IN THE BAMILEKE AND BETI SOCIETIES OF CAMEROON / EVOLUTION DES RAPPORTS DE GENRE DANS LES SOCIÉTÉS BAMILÉKÉ ET BÈTI DU CAMEROUN

Helene Kamdem Kamgno

EMail: hekamgno@yahoo.fr

En vue d'une meilleure orientation des politiques et programmes de population pour un développement durable, l'objectif de cette communication est de montrer l'importance de la dimension culturelle des rapports de genre pour la compréhension des comportements démographiques. Nous utiliserons des données quantitatives et qualitatives. Il s'agira d'abord d'une analyse comparative des opinions vis-à-vis des statuts et des rôles masculins et féminins. Comparées au modèle culturel traditionnel

de base, ces analyses permettront d'évaluer l'évolution des modèles culturels relatifs au genre. Ensuite, il s'agira d'une analyse différentielle des rapports de genre selon certaines caractéristiques individuelles des conjoints. Comme résultats saillants, il y a eu d'énormes changements au sein de chaque groupe ethnique, changements dus en partie à l'instruction et l'urbanisation. Toutefois, l'influence de ces facteurs se fait beaucoup plus sentir en société Bèti qu'en société Bamiléké, reflet d'une mutation du traditionnel vers le modernisme, différente entre les deux ethnies.

59. CHANGES IN STANDARD OF LIVING AMONG POPULATION GROUPS IN SOUTH AFRICA: 1998-2006 / LES TENDANCES DES MÉNAGES SUD AFRICAINS DE 1995 À 2005

Barbara A. Anderson and Mosidi Nhlapo

EMail: barba@umich.edu

We examine changes in standard of living in South Africa in the period 1998-2006 overall and for population subgroups. Aspects of standard of living are combined to define four standard of living groups. The data sources are large nationally representative surveys. The percent of urban African households in the top standard of living group increased from 14% to 22% between 1998 and 2006, indicating emergence of an urban African middle class. 43% of Coloured households and about 80% of White or Asian households were in the top group throughout the period. The percent of rural Africans in the worst group declined from 10% to 6%. Also, the percent of groups, such as rural Africans, in the worst category of each of the standard of living indicators declined substantially between 1998 and 2006, showing substantial poverty alleviation. There is no evidence of deterioration in the standard of living of White or Asian households.

59. WOMEN PARTICIPATION IN HOUSEHOLD SPENDING AND THEIR DECISION TAKING ROLE IN CHILDREN'S EDUCATION IN BURKINA FASO / PARTICIPATION AUX DÉPENSES DU MÉNAGE ET RÔLE DÉCISIONNEL DE LA FEMME DANS LA SCOLARISATION DES ENFANTS AU BURKINA FASO

Madeleine Wayack Pambè

EMail: wayack_madeleine@yahoo.fr

La participation économique des femmes à l'entretien de leur famille représente-t-elle un élément de pouvoir supplémentaire favorable à la scolarisation de leurs enfants? De nombreuses études montrent en effet qu'une influence des femmes sur le processus de prise de décisions au sein du ménage est favorable au bien-être des enfants. A partir d'une régression logistique appliquée aux données de l'Enquête Démographique et Santé du Burkina Faso de 2003, ce travail examine l'effet de la contribution des femmes aux dépenses du ménage sur leur pouvoir de négociation dans le foyer et ses conséquences sur la scolarisation. La variable dépendante est la fréquentation scolaire des enfants de 7-19 ans. Les variables indépendantes sont le sexe, l'âge, le statut familial des enfants, l'activité économique du chef de ménage et celle de son épouse, leur niveau d'instruction, l'âge au mariage de la femme et l'écart d'âge entre les époux.

60. DUAL PROTECTION AND CONDOM USE IN SUB-SAHARAN AFRICA / DOUBLE PROTECTION ET UTILISATION DU PRÉSERVATIF EN L'AFRIQUE SUB-SAHARIENNE

Bamikale Feyisetan

EMail: bfeyisetan@usaid.gov

With HIV/AIDS as a major health issue in high fertility countries of Sub-Saharan Africa (SSA), a high and growing number of individuals in these countries face the risks of both unwanted pregnancy and of HIV/STI. Recent efforts to reduce both risks have promoted dual protection approaches. In this paper, we define dual protection as a simultaneous protection from both pregnancy and HIV/STI. Initially promoted as a pregnancy-prevention method, the emergence of HIV/AIDS has drawn greater attention to the HIV/STI prevention benefits of condom use. Beside abstinence and being faithful to a non-infected sex partner, condom use remains the only other effective means of preventing HIV infection. Using DHS data, we examine condom use among sexually active unmarried youth in selected SSA countries. Preliminary results show: (i) significant increases in the proportion of youth using modern contraceptive methods, particularly, condoms and, (ii) significant changes in contraception method mix in favor of condom.

60. CONTRACEPTIVE USE AMONG YOUNG WOMEN IN NAMIBIA: DETERMINANTS AND POLICY IMPLICATIONS / L'UTILISATION DE LA CONTRACEPTION CHEZ LES JEUNES FEMMES EN NAMIBIE: DÉTERMINANTS ET IMPLICATIONS POLITIQUES

Nelago Indongo

EMail: nkanime@unam.na

This paper examines social, demographic and behavioural factors that influence contraceptive use and method choice among young Namibian women. It explores ways to improve the accessibility of health facilities and family planning services for young women. The logistic regression method has been applied to examine the determinants of contraceptive use and method choice. Whilst there is provision, the accessibility of existing reproductive health services for young women is poor and levels of contraceptive use are still low. This is due to lack of support from parents and the broader community. Health facilities are user-unfriendly as they lack confidentiality and privacy. These negative experiences of young women impact on their utilization of reproductive and health services and their use of contraceptives. Thus government strategies, which aim to increase the use of contraceptives amongst young women in Namibia, ought to enhance and improve parent-child communication and make a range of choices available.

60. THE FERTILITY TRANSITION IN KENYA: DETERMINANTS OF CONTRACEPTIVE USE DURING THE LATE 1990S / LA TRANSITION DE LA FÉCONDITÉ AU KENYA: DÉTERMINANTS DE L'UTILISATION DE LA CONTRACEPTION DANS LES ANNÉES 1990

David Ojaka

EMail: david.ojaka@umontreal.ca

Between the 1970s and 1990s, the Kenyan fertility transition was characterised by increasing motivation for fertility control and contraceptive prevalence. Without considering unobserved factors that affect both contraceptive use and motivation, it does not follow that increased prevalence resulted from improved access. Data from the 1998 Kenya Demographic and Health Survey (KDHS) and the 1999 Kenya Service Provision Assessment (KSPA) are used to address this issue. Based on the fertility demand-supply framework, factors that determine contraceptive use

are modeled using the probit distribution; the endogeneity between contraceptive use and fertility demand being handled with the instrumental variables approach. Hypotheses tested comprise the effects of age, region of residence, motivation for fertility control, and proximity to family planning services. Although access is non-significant, motivation for fertility control, education and exposure to family planning messages are - suggesting that they should be considered in policy formulation and program implementation.

60. THE YOUTH AND DUAL PROTECTION IN OUAGADOUGOU: WHAT STAKES, WHAT LOGIC? REFLECTIONS FROM IN-DEPTH INTERVIEWS / LES JEUNES ET LA DOUBLE PROTECTION À OUAGADOUGOU: QUELS ENJEUX, QUELLES LOGIQUES? PISTES DE RÉFLEXION À PARTIR D'ENTRETIENS APPROFONDIS

Nathalie Sawadogo

EMail: nathsawadogo@yahoo.fr

Il s'agit de présenter les réflexions menées sur l'intégration par les jeunes de la double protection en milieu urbain Burkinabè à partir de données qualitatives. Il a été fait recours à 54 entretiens approfondis de personnes de 18 à 29 ans réalisés en 2005 et 2006 à Ouagadougou dans le cadre du projet Emergency Contraception in Africa. Il apparaît que les facteurs contextuels interagissent avec les caractéristiques personnelles pour forger la personnalité des jeunes. La confrontation de ces personnalités imprégnées des représentations et attentes de chacun, sous le prisme des pressions de l'environnement familial et des pairs, conduira le couple à l'adoption de pratiques sexuelles et de prévention. La double protection interviendra alors ou non, ainsi que les difficultés y afférentes. L'offre de prévention intervient au niveau de ces pratiques de prévention. Son exploitation par le couple dépendra du résultat de l'interaction entre les deux.

61. URBANIZATION AND CHANGING LAND ACCESS AND RIGHTS IN GHANA'S LARGEST METROPOLIS, ACCRA AND KUMASI / URBANISATION, ACCÈS ET DROITS FLUCTUANTS À LA PROPRIÉTÉ FONCIÈRE DANS LA PLUS GRANDE MÉTROPOLE DU GHANA, ACCRA ET À KUMASI

George Owusu

EMail: gowusu@ug.edu.gh

While projections by the United Nations predict that most countries in sub-Saharan Africa will be urbanized by 2030, Ghana is projected to achieve this milestone in 2010 with 51 percent of its population urbanized. This paper examines the impact of urbanization on land rights and access in and around Ghana's largest metropolitan areas of Accra and Kumasi. Based on questionnaire survey and focus group discussions (FGDs), it has been observed that urbanization and growing population pressure in and around these large metropolis is leading to significant changes in land tenure practices and related rights. More significant urbanization is leading to land commodification resulting in individualized and privatized rights as opposed to group or communal rights (usufruct) – a process which many land reforms projects have failed to achieve. The implications of the changing land tenure practices for urban development in Ghana are noted in the study.

61. END OR FRAGMENTATION OF NEIGHBOURHOOD EFFECTS IN TOWNS OF THE SOUTH. THE EXAMPLE OF OUAGADOUGOU THROUGH A CHILD MORTALITY SURVEY / FIN OU ATOMISATION DES EFFETS DE QUARTIER DANS LES VILLES DU SUD ? L'EXEMPLE DE OUAGADOUGOU À TRAVERS UNE ÉTUDE DE LA MORTALITÉ INFANTILE

Bassiahi Abdramane Soura

EMail: soura@demo.ucl.ac.be

L'organisation sociale de type quartier-village qui existait dans la ville d'hier a fini par disparaître, sinon tend à le faire dans de nombreuses villes d'aujourd'hui. L'urbanisation a donc transformé la dimension sociale de l'espace, entraînant parfois une diminution de la sociabilité dans les quartiers. Dans la sociologie urbaine, certains auteurs se sont alors interrogés sur la fin des quartiers dans les villes contemporaines (Ascher, 1998) ; d'autres ont plutôt parlé d'atomisation de la vie sociale (Roch, 1998). Cette dilution des rapports de voisinage a-t-elle réduit, voire anéanti les effets de quartier sur le niveau de santé ? En s'intéressant à la ville de Ouagadougou (capitale du Burkina Faso) et en recourant à la fois aux données issues de recensements et d'enquêtes démographiques, notre communication vise à comprendre l'impact de l'urbanisation sur certains effets de quartier dans le domaine de la santé, en particulier dans celui de la mortalité des enfants.

61. A PREDICTIVE MODELING OF URBAN EXPANSION AND IMPLICATIONS FOR SUSTENANCE IN PERI-URBAN AREAS OF OGBOMOSO, NIGERIA / MODÈLE PRÉDICTIF DE L'EXPANSION URBAIN ET LES IMPLICATIONS POUR LES MOYENS DE SUBSISTANCE DANS LES ZONES PÉRIURBAINES D'OGBOMOSO, NIGERIA

Adeboyejo A. Thompson, Abolade Olajoke, Abodunrin Folasade Oyenike and Jelili M Omoakin

EMail: thompsonadeboyejo@yahoo.com

This paper examines the rate and pattern of urban expansion of Ogbomoso between 1914 and 2007 using GIS with input data from 1914 land use map and updated satellite imageries. The quantum of city expansion in different periods and growth along six corridors traversing eighteen communities were used as dependent variables of a linear regression model to predict total city expansion and growth rates in the next twenty years. 359 questionnaires were administered in the eighteen communities and one FGD session conducted among community leaders in five settlements. The study reveals that a total of 2,890 hectares of rural land was engulfed between 1914 and 2007. Given the underlying processes, the built up area of the city would have tripled by the year 2027. The implications of this on sustenance in peri-urban communities include: changing economic base of communities from farming to trading economy. A revitalisation of farmers association is suggested.

61. URBANIZATION AND THE RURAL AND URBAN PROVISION OF WATER AND SANITATION / L'URBANISATION ET APPROVISIONNEMENT EN EAU ET ASSAINISSEMENT EN MILIEUX RURAL ET URBAIN

Susanna Wolf

EMail: swolf@uneca.org

In most developing countries there is a huge gap in the delivery of water and sanitation between rural and urban areas. This better access to services is one of the drivers of urbanization. But at the same time urbanization puts a heavy strain on service delivery in urban areas. In addition, technological changes and decentralization should favor rural water and sanitation. Traditionally

urban areas were favored over rural ones. In the paper cross-country panel regressions are used to compare factors that determine access to water and sanitation in rural versus urban areas. Both rural and urban access to water and sanitation have a positive association with population density, whereas they have a mostly negative relationship with urbanization, whereas population growth does not seem to have much effect. The paper concludes with policy advice on how to improve access to water and sanitation and thus to make progress towards the MDGs.

62. MARGINALIZATION AND SURVIVAL STRATEGIES OUTSIDE THE FAMILY: THE CASE OF ADOLESCENTS LEAVING HOME PREMATURELY IN BAMAKO (MALI) / MARGINALITÉ ET STRATÉGIES DE SURVIE EN DEHORS DE LA FAMILLE. CAS DES ADOLESCENTS EN DÉCOHABITATION PRÉCOCE À BAMAKO (MALI).

Tiémán Coulibaly and Abdoul Wahab Dieng

EMail: tiemancoulibaly2002@yahoo.fr

De nos jours, le phénomène des enfants/jeunes en rupture sociale est en train de prendre de l'ampleur malgré la diversification des mécanismes d'intervention pour l'endiguer. Devant l'ampleur du phénomène dans un contexte de paupérisation, nous avons jugé opportun de chercher à savoir les stratégies que développent ces adolescents marginaux pour assurer leur survie, les liens qu'ils conservent avec leurs familles et avec la société adulte en général. Nous présentons ici les résultats d'une enquête qualitative réalisée auprès de 110 adolescents des rues, c'est-à-dire environ 2.5% de la population recensée par l'institution de tutelle, la Direction Nationale de la Promotion de l'Enfant et de la Famille. En matière de méthodes d'analyse des données, nous avons opté pour l'analyse de contenu pour la richesse de son approche. Conscients qu'ils sont dépréciés par la société normative, ces adolescents, pour supporter au mieux leur nouvelle identité, ont-ils créé un microcosme fonctionnel qui témoigne de leur génie créateur.

62. RACIAL DIFFERENCES IN TRANSITIONS TO ADULTHOOD IN SOUTH AFRICA / LES DIFFÉRENCES RACIALES DANS LES TRANSITIONS À L'ÂGE ADULTE EN AFRIQUE DU SUD

Sangeetha Madhavan

EMail: smadhava@umd.edu

I use Demographic and Health Survey data from South Africa to examine racial differences in young women's transitions to adulthood. Drawing on role sequencing theory, I examine racial differences in the overlap of roles within the productive sphere of work and school and the reproductive sphere of union formation and parenting. Using multinomial logit regression, I assess the extent to which race is associated with being in single role states versus overlapping states controlling for selected individual and household level characteristics. The results suggest that role overlap is low for school-work and parent-school combinations within all race groups. However, substantial differences across race exist for school-work, parent-union and parent-school configurations even after controlling for socioeconomic status. Black women are more likely to experience role overlap of schooling and parenting whereas white girls are more likely to overlap on schooling and employment as well as having been in union and parenting.

62. DETERMINANTS OF SEXUAL BEHAVIOUR VIS-À-VIS HIV-AIDS AMONG YOUNG BENINOIS / DÉTERMINANTS DU COMPORTEMENT SEXUEL VIS-À-VIS DU VIH/SIDA CHEZ LES JEUNES BÉNINOIS

Elise Chantale Ahoey

EMail: eliseahovey@yahoo.fr

La recherche des renseignements nécessaires permettant d'apprécier les changements de comportements des populations est abordée à travers une enquête auprès de 1173 ménages. Les données sont axées sur les déterminants du changement de comportement et l'effet de l'exposition aux activités de communication par la procédure de l'analyse de variance. Les comportements visés sont la protection des rapports sexuels mesurée par l'utilisation du préservatif et la pratique d'un moyen contraceptif. Des résultats, on retient la norme sociale fondée sur le soutien des gens à l'utilisation du préservatif, la perception de la sévérité du VIH/Sida, celle de l'efficacité du préservatif constituant et l'exposition aux activités de communication à travers les médias. Le soutien social à l'utilisation de la contraception bénéficie d'un peu de désaccord. Les problèmes posés par la communauté par rapport aux grossesses non désirées et santé sont préoccupants. Plus le niveau d'exposition est élevé, plus les femmes affirment utilisées des méthodes.

62. COMMUNITY INFLUENCES ON YOUNG PEOPLE'S SEXUAL BEHAVIOR IN 3 AFRICAN COUNTRIES/INFLUENCES DE LA COMMUNAUTÉ SUR LE COMPORTEMENT SEXUEL DES JEUNES GENS DANS TROIS PAYS AFRICAINS

Rob Stephenson

EMail: rbsteph@sph.emory.edu

This paper examines community influences on young people's sexual behavior in 3 African countries: Burkina Faso, Ghana and Zambia. Using the most recent DHS data from each country, the analysis examines how community level structural and community factors influence risky sexual behavior among young people (15-24). Risky sex is defined as sex without a condom with more than one partner in the year prior to the survey. Separate multi-level models are fitted for males and females in each of the 3 countries. In addition to individual and household level factors, the analysis considers several community dimensions as potential influences on sexual behavior: community economic environment, prevailing behaviors among older people in the community, and prevailing demographic patterns. The community factors influencing sexual behavior vary significantly by gender and country. The results demonstrate several community level factors that can be harnessed to develop community level interventions aimed at reducing HIV prevalence.

63. POPULATION IN CONFLICT SITUATIONS / LA POPULATION DANS LES SITUATIONS DE CONFLIT

Mwadi Kady Aimée

EMail: aikady@yahoo.fr

Objective: To determine the link between conflict and risk factors for women and young girls vulnerability to HIV and poverty, treatment and care support for people affected by the conflict. Methodology and results: The methodology used for collecting data was through semi structured interviews with main trainers such as public authority, community leaders, youth representatives, militaries, services providers. the basic information collected included :the health system ,basic quantitative data on public health , HIV andSTIs. Interview results: There are many women and children among internally displaced populations. The changement of residence affects their life, Women and children are obliged to work hard to have something to eat. The population doesn't have access to information, radio. Death rates of children under 5 years are high because of malaria.

63. URBAN-ETHNO COMMUNAL CONFLICT IN AFRICA: NIGERIA / CONFLIT INTERETHNIQUE DANS LES COMMUNES URBAINES D'AFRIQUE: NIGERIA

Abidemi R Asiyabola

Email: siyaimi@yahoo.com

The paper presents an empirical study on urban ethno-communal conflict in Nigeria: the case of Ife-Modakeke. The data used are from a larger household survey carried out by the author in Ife-Modakeke community. Among the issues examined are perception of the conflict, how past violence conflict is recollected, and attitude of people towards violence/conflicts/use of weapons, and, social interaction among the people of the two communities. The result of the correlation analysis shows: (i) negative relationship between perception of the conflict and social interaction; (ii) positive relationship between perception of the conflict and attitude towards violence/conflicts/use of weapons; and (iii) negative relationship between social interaction and attitude towards violence/conflicts/use of weapons. This result suggests that policies that encourage social integration, psycho-social healing and psychological transformation could enhance the attainment of sustainable peace among the people of the two communities. Keywords: Ethnicity; Conflict; Sustainable peace; Africa; Nigeria

63. QUALITY OF LIFE OF PERSONS INTERNALLY DISPLACED BY WAR AND THE HOST FAMILIES IN CÔTE D'IVOIRE / CONDITIONS DE VIES DES PERSONNES DÉPLACÉES INTERNES DU FAIT DE LA GUERRE ET DES FAMILLES D'ACCUEIL EN CÔTE D'IVOIRE

Anne Marie Rachelle Djangone-Mian and Lazare Sika

Email: mian.djangone@undp.org

La crise que traverse le pays depuis 2002 a occasionné de nombreux déplacements de population. La Côte d'Ivoire a été confrontée pour la première fois au déplacement des populations à l'intérieur de leur propre pays. Pour mieux connaître les conditions de vies des PDI et des familles d'accueil qui ont été tous accueillis dans des familles, une enquête a été réalisée dans 5 départements de la Côte d'Ivoire (urbain et rural) auprès de ces cibles. Les données issues de cette enquête ont permis d'estimer le nombre des personnes déplacées, de mettre à disposition des informations sur les conditions de vie et l'itinéraire migratoire, ainsi que les perspectives de retour et les solutions durables à apporter. Cette opération constitue une source d'information nationale pour la planification des interventions en direction des PDI et une base pour l'évaluation du niveau de réalisation des résultats escomptés.

63. THE NEED FOR COMPREHENSIVE RESPONSE TO HIV/AIDS EPIDEMIC IN CONFLICT- AFFECTED POPULATIONS: EVIDENCE FROM A SERO-PREVALENCE SURVEY IN SOMALILAND / LA NÉCESSITÉ D'UNE INTERVENTION COMPRÉHENSIVE À L'ÉPIDÉMIE DU VIH/SIDA DES POPULATIONS AFFECTÉES PAR LE CONFLIT: LE BILAN D'UNE ENQUÊTE SÉRO-PRÉVALENCE EN SOMALIE

Elgizoli Ismail, Ekanem E Ekanem, Said Deq, Peter Arube and Michael Gboun

Email: ismaila@nbo.emro.who.int

The prolonged civil strife in Somaliland has hampered the development of social infrastructure and public health services. There has been very limited data on HIV/AIDS. In 2004, the World Health Organization, in collaboration with Somaliland Authorities and UN Agencies conducted a sentinel HIV sero-prevalence survey. Using a UAT procedure, blood samples were collected from 1,561 ANC attendants, 249 TB and 243 STD patients. Samples were tested for syphilis by

RPR and for HIV-1/2 with Cappilus and Determine. The survey showed a median HIV prevalence of 1.4% (95% CI, 0.9 – 2.1). Among young women 15-24 years, the prevalence was 1.7%. HIV prevalence among STD and TB patients was 12.3% and 5.6% respectively. Conclusion: The survey has revealed a HIV prevalence far higher than what is observed in other MENA countries. HIV/AIDS interventions should be vigorously incorporated into developmental/rehabilitation efforts planned for this conflict- ridden population before the epidemic escalates.

64. WHEN DOES IMPROVING HEALTH RAISE GDP? / QUAND L'AMÉLIORATION DE LA SANTÉ AUGMENTE-T-ELLE LE PIB ?

Quamrul Ashraf, Ashley Lester and David N Weil

EMail: quamrul_ashraf@Brown.edu

We assess quantitatively the effect of exogenous health improvements on output, through demographic channels and changes in worker productivity. We consider both changes in general health, proxied by changes in life expectancy, and changes in the prevalence of particular diseases, such as malaria and tuberculosis. In general, we find that the effects of health improvements on income are substantially lower than those that are often quoted by policy-makers, and may not emerge at all for half a century or more after the initial improvement in health

64. EPIDEMIOLOGICAL TRANSITION, TERTIARY HEALTH POLICY AND THE BURDEN OF NONCOMMUNICABLE DISEASES OF CHILDREN IN GHANA: LESSONS FROM A STUDY IN A GHANAIAN TERTIARY HOSPITAL. / TRANSITION ÉPIDÉMIOLOGIQUE, POLITIQUE DE SANTÉ TERTIAIRE ET FARDEAU DES MALADIES NON TRANSMISSIBLES CHEZ LES ENFANTS AU GHANA: LEÇONS TIRÉES D'UNE ÉTUDE DANS UN HÔPITAL TERTIAIRE GHANÉEN.

Delali M Badasu

EMail: dbadasu@ug.edu.gh

Evidence from research and other sources indicate that the pattern of disease and causes of ill-health and death in Ghana has been changing, with a rise in noncommunicable diseases (NDCs). NDCs account for over 25% of all deaths, according to some recent statistics. The epidemiological transition is not with respect to the adult population alone but children too. Despite these developments, there has been no explicit national policy on tertiary health care. This is incompatible with the country's pursuit of programmes to reduce infant and child mortality, for example, in the context of the Millenium Development Goals (MDGs). This paper discusses some lessons from a study of children with noncommunicable diseases at the Korle Bu Teaching Hospital, Ghana's leading tertiary hospital. It recommends a comprehensive and integrated tertiary health policy for children, ranging from conditions in the tertiary health facilities to the illness experience of the children and their families.

64. PATTERNS AND THE CHANGING ROLE OF THE GLOBAL BURDEN OF DISEASE CATEGORIES IN SOUTH AFRICA / STRUCTURE ET CHANGEMENT DES RÔLES DES CATÉGORIES MONDIALES DE MALADIE EN AFRIQUE DU SUD

Heston Phillips and Barbara A. Anderson

EMail: hestonp@statssa.gov.za

We examine adult mortality in South Africans over the period 1997-2005, based on death registration data. We describe the level and trends in mortality by age and sex over time and the

changing composition of mortality according to the Global Burden of Disease categories. Changes in death rates between 1997 and 2005 differed by sex and age. The importance of different causes of death differs by age and sex. In 2005 for males, at age 15-24 unnatural causes were the main cause of death, at age 25-49 communicable and related causes were the main cause of death, and at age 50-64 non-communicable causes were the main cause of death. In 2005 for females, at age 15-44 communicable and related causes were the main cause of death and at age 45-64 non-communicable diseases were the main cause of death.

64. NEW EPIDEMIOLOGICAL DATA AND THE DEMOGRAPHIC STRUCTURE IN TUNISIA: CHALLENGES FOR HEALTH / LES NOUVELLES DONNÉES ÉPIDÉMIOLOGIQUES ET LA STRUCTURE DÉMOGRAPHIQUE EN TUNISIE : DES DÉFIS POUR LA SANTÉ

Chiheb Salhi

EMail: chiheb.salhi@rns.tn

Avec le déclin des maladies transmissibles, d'autres maladies non transmissibles se sont développées prenant parfois l'allure d'une véritable épidémie. Les maladies cardiovasculaires, les accidents et les cancers constituent actuellement les principales causes de décès en Tunisie. La mise en place des systèmes de santé pour réagir aux pressions démographiques prend du temps. En outre, le fait que le processus de vieillissement se déroule tout au long de la vie-un vieillissement en bonne santé se prépare à travers une planification des actions sanitaires. Ce qui signifie que les réformes doivent s'appliquer à toutes les tranches d'âge de la population, et pas seulement aux personnes âgées. Ajoutons que la capacité de concevoir une politique dépend de la disponibilité des données, mais aussi de l'aptitude des différents intervenants à les utiliser pour proposer aux décideurs des choix judicieux et fondés. un tel changement d'ordre épidémiologique et démographique exige-t-il une réflexion multidisciplinaire et des actions sur différents aspects?

65. THE SILENT CRIME; A SOCIOLOGICAL APPRAISAL OF GENDER-BASED VIOLENCE EXPERIENCED BY WOMEN IN YORUBA CULTURE OF NIGERIA / LE CRIME SILENCIEUX, ÉVALUATION SOCIOLOGIQUE DE LA VIOLENCE BASÉE SUR LE GENRE SUBIE PAR LES FEMMES DANS LA CULTURE YORUBA DU NIGÉRIA

Yetunde A Aluko and Olusola Aluko-Arowolo

EMail: yetkoo@yahoo.com

Gender-based violence (female infanticide, incest, child prostitution, rape, partner violence, psychological abuse, sexual harassment, etc) occurs in all societies and is largely unpoliced. Such violence occurs within the home or in the wider community and affects women and girls disproportionately. However, though such violence is widespread, information is usually fragmented and anecdotal. A culture of silence surrounds cases of violence against women in most countries, making it difficult to get a true picture of its extent. Within this backdrop, this study seeks to examine the various types of gender-based violence experienced by women in some selected communities in South-Western, Nigeria. What is the extent of this violence? In what ways has culture influenced women's experiences within the home and the society at large? How is culture seen as an obstacle to women's rights?

65. EMPOWERMENT OF WOMEN AND LINKS TO CHILD'S HEALTH IN EGYPT / HABILITATION DES FEMMES ET LES LIENS AVEC LA SANTÉ DES ENFANTS EN EGYPTÉ

Ghada Ibrahim and Marwan Khawaga

EMail: ghada9@aucegypt.edu

The purpose of this paper is to both quantify women's empowerment in Egyptian context and examine whether any significant improvement in their situation has been achieved since 1995. Further, the association between women's empowerment and child health will be examined. It is argued that women with higher status are better able to make positive investments in their children's chances of living in better health. Data used in the study come from the Egypt Demographic and health surveys in 1995 and 2005. Women's empowerment is quantified using constructed indices: mobility index, attitude towards gender index, attitude towards domestic violence index, women's involvement in domestic decision making, and media exposure. The evidence suggested that women's status in Egypt is significantly changed in the period between 1995 and 2005. Further, child survival benefit from women's empowerment. Some policy implications of the findings and measurement issues pertaining to women's empowerment are discussed.

65. EXAMINING CHILDREN'S LIVING CONDITIONS BY GENDER OF HOUSEHOLD HEAD: THE CASE OF MALAWI / ANALYSE DES CONDITIONS DE VIE DES ENFANTS SELON LE GENRE DU CHEF DU MÉNAGE: CAS DU MALAWI

Andrew A Jamali, Esther W Dungumaro and Pelesana Moerane

EMail: 205519911@ukzn.ac.za

Of late, many African countries have experienced changes in structure, composition of households, and shifts from predominantly male to female-headed ones. This has affected living conditions of women and children. This study explores children's living conditions by gender of household head. The results will help to formulate target specific and impact oriented child development programs. The study used 2004 Malawi Demographic and Health Survey data, analyzing children's living arrangements by gender of household head. Housing condition and ownership of durable goods by gender of household head was also assessed. Logistic regression and Principal Component Analysis were used to compare children's living conditions and household wealth by gender of the head. Preliminary results show that children living in female-headed households are worse off than in male headed ones. This finding poses urgent policy implications on gender influenced intergenerational poverty and better livelihood among female-headed households.

65. GENDER, HOUSEHOLD HEADSHIP AND CHILDREN'S EDUCATIONAL PERFORMANCE IN NIGERIA: IMPLICATIONS FOR DEVELOPMENT / GENRE, LA CHEFFERIE DU MÉNAGE ET LE RENDEMENT SCOLAIRE DES ENFANTS AU NIGÉRIA: IMPLICATIONS POUR LE DÉVELOPPEMENT

Olufunlayo O. Bam Olufunlayo O. Bammeké

EMail: funmibammeké@yahoo.co.uk

This paper examines how gender interacts with household headship to influence children's educational performance. Examining data from a study of selected households in Nigeria, the paper compares the structure of male and female-headed households; the characteristics of heads and the educational performance of their children. It examines the implications for development.

The paper shows no significant statistical difference in the performance of children in male and female-headed households, but shows that parents' educational level influences their children's educational performance. Women's formal education in particular influences children's educational performance. The paper shows that children's educational performance is dependent on support factors in the household. It argues that children in female-headed households that are often without partners and are often poorer could experience more constraint in terms of resources. It concludes on the need to empower household heads if their children must access knowledge, an important measure of human development.

68. DETERMINATION OF THE CAUSES OF DEATH BY VERBAL AUTOPSY IN RURAL SENEGAL: A STUDY OF MALARIA MORTALITY / LA DÉTERMINATION DES CAUSES DE DÉCÈS PAR AUTOPSIE VERBALE EN ZONE RURALE SÉNÉGALAISE : ÉTUDE DE LA MORTALITÉ PALUSTRE

Géraldine Duthé, Serge Faye, Emmanuelle Guyavarch, Pascal Arduin, Malick Kante, Aldiouma Diallo, Raphael Laurent, Adama Marra and Gilles Pison

Email: geraldine.duthe@ined.fr

La recrudescence de maladies infectieuses remet en cause la baisse de la mortalité en Afrique subsaharienne, mais l'absence de statistiques sanitaires rend difficile une évaluation précise de leur rôle. En milieu rural sénégalais, trois populations font l'objet d'un suivi démographique et sanitaire depuis le milieu des années 1980. Les causes de décès sont déterminées à l'aide d'autopsies verbales. Suite au développement de chimiorésistances du *Plasmodium Falciparum*, la mortalité liée au paludisme fait l'objet d'une attention particulière, mais le paludisme n'est pas une maladie facile à diagnostiquer à partir des seules informations obtenues auprès des proches, et cela limite la portée des résultats obtenus. La mise en commun des informations sur les décès des enfants survenus dans les trois sites nous permet d'étudier la fiabilité du diagnostic palustre et de mieux appréhender l'évolution observée de la mortalité palustre.

68. ADULT MORTALITY ESTIMATIONS FROM COHORT AND CENSUS/SURVEY DATA: A COMPARISON OF DIRECT AND INDIRECT METHODS IN RURAL MALAWI / L'ESTIMATION DE LA MORTALITÉ ADULTE À PARTIR DES DONNÉES DE LA COHORTE ET DU RECENSEMENT/ENQUÊTES: UNE COMPARAISON DES MÉTHODES DIRECTES ET INDIRECTES EN MILIEU RURAL DU MALAWI

Patrick Gerland, James Kaphuka, George Mandere, Humphreys Misiri and Peter C. Fleming

Email: gerland@un.org

In countries lacking reliable vital registration, knowledge of adult mortality depends largely on censuses/surveys information about recent deaths in the households or specific relatives. While this is useful to assess mortality levels and trends, comparison with DSS data suggests frequent under-reporting of adult deaths. Existing datasets, however, do not allow systematic comparison of these differences because information is collected only for one set of deaths (either spouse, parents, siblings, household members) and cohort data are unavailable to evaluate the accuracy of these estimates. This paper aims to fill this gap by analyzing a longitudinal household survey conducted in 1998-2006 in rural Malawi. Using cohort data, we use survival analysis to compute regional life tables against which we evaluate more conventional adult mortality estimates based on (a) household deaths in last 12 months, (b) widowhood, (c) survival of parents, (d) survival of siblings as reported in 2006 through the household questionnaire.

68. MODELING SPATIAL EFFECTS ON CHILDHOOD MORTALITY VIA GEO-ADDITIVE BAYESIAN DISCRETE-TIME SURVIVAL MODEL: A CASE STUDY FROM NIGERIA / MODELER LES EFFETS SPATIAUX DE LA MORTALITÉ INFANTILE À TRAVERS “DISCRET GEO-ADDITIVE BAYESIAN” - MODÈLE DE SURVIE DANS LE TEMPS: UNE ÉTUDE DE CAS AU NIGÉRIA.

Gebrenegus Ghilagaber, N.B. Kandala and Diddy Antai

EMail: Gebre@stat.su.se

We introduce a spatial dimension in modelling under-five mortality among Nigerian children using data from Nigeria Demographic and Health Survey of 2003. We achieve this by employing a geo-additive Bayesian model with dynamic and spatial extensions of discrete-time survival models in assessing temporal and spatial variation in the covariates to childhood mortality. The results show that district-level socioeconomic characteristics are important determinants of childhood mortality. More importantly, a separate spatial process produces district clustering of childhood mortality indicating the importance of spatial effects. The visual nature of the maps presented in this paper highlights relationships that would, otherwise, be overlooked in standard methods.

68. ENSURING THE SUSTAINABILITY OF DSS BY MAKING SCIENTIFIC RESULTS AVAILABLE TO LAY PERSONS: CASE STUDIES IN SENEGAL AND BURKINA FASO / ASSURER LA DURABILITÉ DU SSD EN METTANT LES RÉSULTATS SCIENTIFIQUES À LA DISPOSITION DES PROFANES: LE CAS DES ÉTUDES AU SÉNÉGAL ET AU BURKINA FASO

Nathalie Mondain and Pascal Arduin

EMail: nmondain@uottawa.ca

The richness of the longitudinal data collected in DSS is increased by the growing number of additional studies conducted to provide more in-depth insights in the dimensions they raise. However, an important issue relates to the sustainability of such systems, which constrain people to repeatedly answer to similar questions. This may be aggravated by the fact that populations, often uneducated and poor, do not always see the benefits of these systems and thus may provide partial answers. DSS use sophisticated methods to control for inconsistencies, but more fundamentally, it appears crucial after decades of practice to get an insight on populations' perceptions on the DSS activities and whether these make sense to them or not. Drawing from exploratory fieldworks conducted in different sites in Senegal and Burkina Faso, we examine populations' perceptions and expectations regarding the DSS activities and look for ways to open for a more participatory approach.

68. MEASURING CAUSE-SPECIFIC MORTALITY BURDEN IN LOW-INCOME COUNTRIES: EXPERIENCES FROM A FEASIBILITY STUDY OF A POST-CENSUS MORTALITY SURVEY USING VERBAL AUTOPSY / IDENTIFICATION DES CAUSES SPÉCIFIQUES DE MORTALITÉ DANS LES PAYS À FAIBLES REVENUS ÉCONOMIQUES: CAS D'UNE ÉTUDE POST-CENSITAIRE DE MORTALITÉ UTILISANT L'AUTOPSIE

Robert G. Mswia, Elisio Mazive, Pedro B Duce, Dan Williams, Philip W Setel, Yusuf Hemed, David R Whiting, Loraine A. West, Dennis J Donahue, Peter Young and Kimberly Marsh

EMail: rmswia@unc.edu

Mortality statistics are essential for measuring population health and well-being. However, there continues to be a paucity of reliable information, particularly on causes of death for the vast majority

of low- income countries. For countries with limited or no vital registration systems, national censuses present a unique opportunity to create a wealth of nationally representative cause-specific mortality statistics through the use of verbal autopsy methodologies. This paper presents results of a feasibility study for this type of post-census cause-specific mortality survey conducted in 2006 in Mozambique. A sub-sample of four pilot sites was selected from the pilot census purposive sample. All households within the four test sites that reported deaths in the past 12 months during the Mozambican October 2006 pilot census were selected for follow-up verbal autopsy interviews. Selected indicators and results from the pilot study are presented, including a discussion on the challenges, lessons learnt and key recommendations.

68. POPULATION MODELING FOR A SMALL AREA: A COMPARATIVE ANALYSIS OF CENSUS AND DEMOGRAPHIC SURVEILLANCE SYSTEM DATA IN SOUTH AFRICA / L'ÉCHANTILLONNAGE DE LA POPULATION POUR UN PETIT ESPACE: UNE ANALYSE COMPARATIVE DES DONNÉES DU RECENSEMENT ET DU SYSTÈME DE SURVEILLANCE DÉMOGRAPHIQUE EN AFRIQUE DU SUD

Makandwe Nyirenda, Victoria Hosegood and Tom A. Moultrie

E-Mail: mnyirenda@africacentre.ac.za

Accurate and reliable small-area statistics are useful for planning and decision- making. However, such data are usually not rigorously interrogated for their reliability. As a result little is known about the potential bias of using such data as a basis for decision-making. This paper is based on a comparative analysis of census and demographic surveillance data, as a basis for resource allocation and development planning at a local level. For the study area the published census population undercounted the true population by between 15-20 per cent, but this undercount was not evenly distributed by age and sex. Despite the almost universal participation rates of the studied population in the longitudinal demographic surveillance, we still find evidence of under enumeration of children. We show that census data after adjustment may bear no resemblance to the actual local area population. Possible sources of bias in census data and their consequences are discussed.

69. IMPACT OF REMITTANCES ON THE SOCIO-ECONOMIC LIVELIHOOD OF INTERNATIONAL MIGRANTS / L'IMPACT DES TRANSFERTS DE FONDS SUR LA VIE SOCIO-ÉCONOMIQUE DES MIGRANTS INTERNATIONAUX

Samuel Kojo Antobam

E-Mail: kojobbm@yahoo.co.uk

The effects of remittances on the receiving households and even nations have been well documented in migration studies. National surveys have been quick at estimating annual figures remittances make in the economy. Very little attention, however, has been paid to the impact remittances make on the socio-economic conditions of those who do the remitting. Using a recently collected data by the Forced Migration Program of the University of Witwatersrand, this paper compares socio-economic experiences of international migrants in Johannesburg, and examines how these conditions affect their remittance behaviour. In doing so, the paper reveals not only the differences in the socio-economic conditions of various international migrants in the city, but also differences in their remittance behaviour. In addition, using relevant variables and statistical models to compute index of socio-economic status of these migrants, the paper elucidates the impact remittances make on the socio-economic status of migrants.

69. FROM CÔTE D'IVOIRE TO BURKINA FASO: RETURNING MIGRANTS AND THE PROBLEM OF RE-INTEGRATION IN A RURAL SETTING. / DE LA CÔTE D'IVOIRE AU BURKINA FASO : MIGRANTS DE RETOUR ET PROBLÉMATIQUE D'INSERTION EN MILIEU RURAL

Eric Bologo and Pascal Nana

EMail: bolog_arzoum@yahoo.fr

Le Burkina Faso est un pays qui connaît une dynamique migratoire internationale forte. Près de 20% de Burkinabè vivent à l'étranger avec une concentration dans les pays limitrophes, particulièrement en Côte d'Ivoire. La récente crise économique, sociale et politique en Côte-d'Ivoire a affecté les flux migratoires burkinabè vers ce pays. On assiste donc à un retour massif au pays des burkinabè surtout à partir de septembre 2002, date marquant le début du conflit inter-ivoirien. Ces migrants de retour de la Côte-d'Ivoire se dirigent essentiellement vers les zones rurales frontalières du pays, notamment les régions du Sud et du Sud-ouest. Ces zones offrent en effet des conditions propices au développement de l'arboriculture, des cultures de rente et des cultures céréalières. Cette recherche se propose d'analyser les itinéraires migratoires des migrants de retour, leurs caractéristiques socio-démographiques et économiques, leurs réseaux d'accueil et d'installation et leurs modes d'accès à la terre.

69. AFRICA, THE PARABLE OF THE FAILURE OF THE WEST, WORKS / L'AFRIQUE, LA PARABOLE DE L'ÉCHEC DE L'OCCIDENT, MARCHE

Ogutu E M Gilbert

EMail: gemogutu@yahoo.com

Following European exploration and missionary activities, Africa was partitioned into European spheres of influence followed by further migrations and colonization. The consequence of these international migrations was that Africa lost something of value, which they sought to recover at independence. But globalization and the new missionary zeal have created opportunities and posed challenges to the 21st century Africa. The argument of this paper is that in spite of the migrations, interference from outside, its poverty and violence, Africa works in a way that would baffle most westerners. This being the case, all that is needed is to tap our indigenous knowledge systems and experience although the circumstances are very different in our age and time.

69. SOME DEVELOPMENTAL EFFECTS OF INTERNATIONAL MIGRATION OF SKILLED LABOUR FROM GHANA / QUELQUES EFFETS DE LA MIGRATION INTERNATIONALE DE LA MAIN D'ŒUVRE QUALIFIÉE SUR LE DÉVELOPPEMENT AU GHANA .

Alex Asiedu

EMail: abasiedu@ug.edu.gh

Contemporary anecdotal evidence indicates that close to 4 million Ghanaians reside outside the boundaries of the country. Among these non-resident citizens are professionals trained with the tax payers' money and whose services are badly needed for national development. In recent years however, these expatriates have become major sources for critical resource mobilization for national development. The question that arises from the above account is that-Has Ghana gained or lost in this exchange? This paper attempts to provide some answers to this question by; a) reviewing the literature on globalization, international labour migration, return visitations and other related issues b) using Ghana as a case study, attempt a discussion on the positive and negative aspects of

this process and c) provide recommendations towards enhancing the benefits associated with such movements. Data for this paper will be sourced from census data, Bank of Ghana documents and other related data.

70. VIEWS AND ATTITUDES TOWARDS HIV VOLUNTARY TESTING AMONG ADOLESCENTS: EVIDENCE FROM BURKINA FASO / OPINIONS ET ATTITUDES ENVERS LE DÉPISTAGE VOLONTAIRE DU VIH CHEZ LES ADOLESCENTS. DONNÉES DU BURKINA FASO

Guiella Georges

EMail: georges.guiella@umontreal.ca

The HIV/AIDS pandemic is one of the most important and urgent public health challenges facing developing nations. Even though it affects all the social sectors of the population, the epidemic among adolescents is the fastest growing partly because of low use of preventive services. Using a nationally-representative data from a survey carried out in 2004 this paper aims to assess the present level of knowledge, views and attitudes towards VCT among adolescents of 12-19 years old in Burkina Faso. Results showed that 37% of boys and 43% of girls don't know about VCT. Among those who know about VCT, 69% of girls and 74% of boys know where they can obtain VCT services and only 5% have done HIV test before. However, 59% of girls and 67% of boys said they want to undergo the HIV test. Residence (rural/urban) and level of education are strongly associated with awareness of VCT.

70. EXPERIMENTAL DESIGN OF COUPLES AND INDIVIDUAL VCT IN THREE ANTENATAL CLINICS IN DAR ES SALAAM / EXPÉRIENCES SUR DES COUPLES DÉSIGNÉS POUR EFFECTUER LE DÉPISTAGE VOLONTAIRE DU VIH ET À TITRE INDIVIDUEL DANS TROIS CLINIQUES PRÉNATALES DE DAR ES SALAAM

Stan Becker, Rose Mlay and Hilary Schwandt

EMail: sbecker@jhsph.edu

At three antenatal clinics in Dar es Salaam, over 1500 married women who presented and consented were randomized to two groups—those in the first were offered individual VCT (IVCT) for HIV; those in the 2nd were given a letter from the medical officer addressed to the husband asking him to come with her to the clinic for the sake of the health of the mother and baby. In IVCT, women could decide to test or not and receive the results or not. Similarly, couples who presented were offered options to counsel, test and receive results together or not. The proportion of women testing and receiving results in the couples arm was significantly lower than in the IVCT arm (39% vs. 72% respectively). This might have been anticipated because the former involved another visit to the clinic while those in the IVCT arm could be tested the same day. Nevirapine use did not differ significantly by study arm.

70. HOW VOLUNTARY IS HIV TESTING IN ZAMBIA? / DANS QUEL SENS LE TEST DU VIH EST-IL VOLONTAIRE EN ZAMBIE?

Namuunda Mutombo

EMail: namuunda.mutombo@anu.edu.au

The low level of voluntarism for HIV testing is negating progress on HIV/AIDS treatment and prevention programmes. With a sub-sample of 729 (17%) respondents ever tested for HIV from the

2005 Zambia Sexual Behaviour Survey and selected excerpts from the predominantly qualitative 2006 Zambia HIV Voluntary Counselling and Testing Study, this paper examines factors associated with voluntarism for HIV testing in Zambia. This paper also examines the contribution of voluntary tests to HIV testing levels in Zambia. Even though the principle of voluntarism is emphasised in the provision of HIV testing services by various international conventions, most people in Zambia tested for HIV because of compulsory or provider-oriented testing. This result raises human rights concerns but is critical for informing policy makers about the need to adopt more realistic approaches in identifying HIV-positive persons if HIV/AIDS treatment and prevention programmes are to be successful.

70. MEASURING GENDER DIFFERENTIALS THROUGH GENDER DOMINANCE RATIOS: CASE OF HIV/AIDS PREVALENCE AND RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR IN LESOTHO AND BOTSWANA / MESURER LES DIFFÉRENTIELS DU GENRE PAR RAPPORT AUX RATIOS DOMINÉS PAR LE GENRE: LE CAS DE LA PRÉVALENCE DU VIH/SIDA ASSOCIÉE À LA CONNAISSANCE, AUX ATTITUDES ET AUX COMPORTEMENTS AU LESOTHO ET AU BOTSWANA

Venant R.N Mutabihirwa and Elizabeth P Mukamaambo

EMail: vr.mutabihirwa@nul.ls

The HIV/AIDS epidemic has been and still is eroding the vital human resources component of the economy in countries like Lesotho and Botswana. This has led the governments and people in these countries to take stern and serious measures to control the spread and mitigate the impact of the epidemic. However, for the related Millennium Development Goals to be attained, it is imperative that there exists equally in male and female population a satisfactory level of knowledge, conducive attitudes, and appropriate behaviour in relation to the epidemic. In this paper, we apply our newly introduced concepts of dominance and dominance ratios to look into gender differentials in the prevalence of HIV/AIDS and related knowledge, attitudes, and behaviour in Lesotho and Botswana across both time and space; ultimately contributing to information on the existence or non-existence of gender dominance in relation to the epidemic in the two countries.

71. EXPLORING ISSUES SURROUNDING ADOLESCENT-ADULT COMMUNICATION GAP IN SEXUAL AND REPRODUCTIVE HEALTH IN GHANA / EXPLORER LES QUESTIONS RELATIVES A UMANQUE DE COMMUNICATION ENTRE LES ADOLESCENTS ET LES ADULTES EN MATIÈRE DE SANTÉ SEXUELLE ET REPRODUCTIVE AU GHANA

Kofi Awusabo-Asare and Augustine Tanle

EMail: kawusaboasare@umes.edu

Studies reporting parent-child communication gaps about sexual and reproductive health in Africa generally highlight the views of adolescents and rarely seek the views of parents and other adults. Paper examines adolescent-adult communication gap from the perspectives of adolescents and adults in Ghana and the implications for programmes. Study, based on national representative household survey of 12-19-year olds, in-depth interviews with 102 young people and 60 adults undertaken in 2004 and 2005, uses the bio-ecological model for analysis. Role of parents and family members is declining while mass media, teachers and health care workers are emerging as trusted sources of information. It is not possible to recapture the past of relying on family members for information on sexual and reproductive health. Parents and family members as actors in the microsystem for socialization should be assisted to provide positive and reinforcing feedback for the emerging sources on adolescent sexual and reproductive health.

71. SEX EDUCATION, KNOWLEDGE, ATTITUDES AND BEHAVIOR OF ADOLESCENTS TOWARDS HIV/AIDS IN GHANA / L'ÉDUCATION SEXUELLE, LA CONNAISSANCE, LES ATTITUDES ET LE COMPORTEMENT DES ADOLESCENTS VIS-À-VIS DU VIH/SIDA AU GHANA

Akwasi Kumi-Kyereme and Alex Ezech

Email: kumikyereme@yahoo.com

The aim of this paper is to examine differences in HIV/AIDS knowledge, attitudes and behaviour of adolescents who have ever attended sex education classes and those who have not. This paper draws from 2004 nationally representative household-based survey of 4,548 adolescents aged 12-19 years in Ghana. Logistic regression models are used to examine associations of knowledge, attitudes and behavior related to HIV/AIDS and attendance at sex education classes. The results show that majority of adolescents have accurate knowledge about the modes of HIV/AIDS transmission even though misconceptions are common. Adolescents generally have negative attitudes towards people living with AIDS. Attendance at sex education classes significantly affects adolescents' misconceptions and attitudes but not their behavior. To the extent that knowledge and attitudes can inform future behavior, we could expect attendance at sex education classes to ultimately influence adolescent behavior.

71. THE TIMING AND ROLE OF INITIATION RITES IN PREPARING YOUNG PEOPLE FOR ADOLESCENCE AND RESPONSIBLE SEXUAL AND REPRODUCTIVE BEHAVIOUR IN MALAWI / PROGRAMMATION ET RÔLE DES RITES D'INITIATION DANS LA PRÉPARATION DES JEUNES GENS POUR L'ADOLESCENCE ET COMPORTEMENT REPRODUCTIF ET SEXUEL RESPONSABLE.

Alister Munthali and Eliya M Zulu

Email: munthali65@yahoo.com

This paper examines timing of puberty and mechanisms through which society prepares adolescents to understand and deal with it in Malawi. The results show that the onset of menarche in girls and various pubertal body changes in boys can be a cause of joy, excitement, or distress depending on how young people understand what this means to them at this critical stage when they start defining and comprehending their sexuality. Much more emphasis is put on educating girls about reproductive implications of menarche than on what is expected of boys as sexual beings, which may contribute to boys' greater indulgence in risky sexual behaviors than girls. The significance of initiation ceremonies in some communities provides an important platform through which programs can reach many adolescents and intervene, particularly in addressing the widely held notion among initiates that attending these ceremonies symbolizes that one is not a child anymore and can have sex.

71. EVALUATION OF THE IMPACT OF LIFE SKILLS BASED HIV AND AIDS EDUCATION USING FOLKTALES IN PRIMARY SCHOOLS IN NIGERIA / L'ÉVALUATION DE L'IMPACT DE L'ÉDUCATION EN MATIÈRE DE VIH/SIDA BASÉE SUR LES COMPÉTENCES À TRAVERS L'UTILISATION DES CONTES POPULAIRES DANS LES ÉCOLES PRIMAIRES AU NIGÉRIA

Makanjuola O Osagbemi, Bunmi O Joseph and Olubunmi V Oshadumo

Email: osagbemi@unijos.edu.ng

Thirty folk stories were adapted with reproductive health, HIV/AIDS and life skills messages to strengthen the teaching, promote the interest and participation of children in AIDS education in

Nigeria. Implemented in 45 primary schools (one set with the storybooks, facilitator's manual and the national Family Life and HIV/AIDS Education curriculum, another set with only the curriculum and the last set with neither the books nor the curriculum). Program pupils were three and a half (Odds Ratio [O.R.] = 3.48) times more likely than non-program pupils to discuss HIV/AIDS with parents, two times (O.R. = 2.20) more likely to have improved knowledge of reproductive health and more than one and half (O.R. = 1.67) improved knowledge of life building skills. The stories appeal to children and parents. Successful early HIV/AIDS education will require that these programmatic efforts be continued, scaled up, done in conjunction with other interventions in the community.

72. THE IMPACT OF INTERNAL MIGRATION ON THE EMPLOYMENT MARKET IN SENEGAL / L'IMPACT DES MIGRATIONS INTERNES SUR LE MARCHÉ DU TRAVAIL À DAKAR.

Cheikh N'diaye and Ndèye Anel Diagne

EMail: che_ndiaye@yahoo.fr

En Afrique, la question de l'emploi demeure au centre des préoccupations des politiques de développement. Dans le cadre de cette recherche, les données proviennent de l'Enquête Sénégalaise Auprès des Ménages (ESAM) réalisée en 2002. Certaines méthodes statistiques multivariées ont permis d'évaluer les facteurs d'insertion sur le marché de l'emploi dakarois. Les résultats ont montré que les migrants réussissent aussi bien, parfois mieux que les non migrants. A Dakar, comme dans beaucoup de villes africaines, la crise conjoncturelle de l'emploi concerne exclusivement l'accès à un emploi décent et sécurisé. A ce titre, les migrants qui proviennent en majorité du milieu urbain ne sont pas défavorisés sur le marché de l'emploi: accès aux emplois du secteur formel, salariés ou indépendants dans l'informel. De façon générale, le dynamisme et la motivation des migrants leur permettent un accès plus facile à un emploi en ville.

72. AFRICAN FEMALE MIGRANTS' MARKET EMPLOYMENT AND MULTICULTURALISM: DEMOGRAPHIC AND COMPARATIVE PERSPECTIVE / L'IMPACT DES MIGRATIONS INTERNES SUR LE MARCHÉ DU TRAVAIL URBAIN AU SÉNÉGAL

Yaghoob Foroutan

EMail: y_foroutan@yahoo.com

Based on the findings of an empirical research, this paper examines the patterns and determinants of the market employment (that is, both employment and occupational statuses) of African female migrants. Focusing on the multiethnic and multicultural setting of Australia where approximately one-fourth of population is overseas-born with a substantial ethnic diversity, this paper is also able to highlight work differentials between this migrant group with both native-born and female migrants from other regions of origin. As the status and success of migrant groups in the labour market has been observed as a key indication of migrants' settlement in the destination country (VandenHeuvel and Wooden 1996), while acknowledging issues arising from selectivity of migration, the multivariate findings of this study provide a basis for settlement assessment of African female migrants.

72. SEASONAL MIGRATION, HIV RISK PERCEPTIONS AND CONDOM USE IN RURAL GHANA FOR WOMEN AGED 15-49 / LA MIGRATION SAISONNIÈRE, LA PERCEPTION DU RISQUE DU VIH ET L'UTILISATION DU PRÉSÉRATIF PAR LES FEMMES ÂGÉES DE 15 À 49 EN MILIEU RURAL GHANÉEN

Maya N Vaughan-Smith, J. Koku Awoonor-Williams and James F. Phillips

Email: mvaughan@popcouncil.org

This paper vividly describes significant socio-economic determinants of risk and condom use in a rural district of Ghana. The results show that for females aged 15-49 traditional worship (.81), literacy attainment (1.36), a wealth index in the middle 40% (1.30) and the highest 20% (1.40), and finally labor migration (1.17) are all significantly associated with HIV risk perception. Women who migrate for work during the harvest season have over a 40 percent increased likelihood of risk perception relative to other labor migrants. Women who were at risk were more likely to use a condom if the woman had a female head of household (RR=4.10), was literate (RR=2.24), in the top household wealth quintile (RR=1.83) and had access to a community-based health programs called CHPS (RR=2.12). The authors conclude that although higher socio-economic determinants increase a woman's risk to HIV they also enable her to better protect herself against transmission.

72. NEW CONFIGURATIONS OF AFRICAN MIGRATIONS / LES NOUVELLES CONFIGURATIONS DES MIGRATIONS AFRICAINES

Latreche Abdelkader

Email: aklatreche@planning.gov.qa

Aujourd'hui, les migrations africaines ont connues de multiples transformations. Ces transformations qui affectent les territoires de mobilités des migrants et leurs profils, se sont accompagnés par la naissance de nouveaux rapports entre le migrant et son pays d'origine. Par conséquent, les migrants ne vivent plus leur migration uniquement comme un exil ou une rupture avec leur pays et société d'origine. Au contraire, les migrants africains investissent de plus en plus dans des actions de développement à destination de leur pays d'origine. Le but de la présente étude est de faire ressortir les nouvelles configurations des migrations africaines, particulièrement les niveaux d'implication des migrants africains dans le développement de leurs pays par le biais du travail associatif, et plus précisément les mouvements associatifs professionnels tels que les associations de médecins, d'ingénieurs, économistes, informaticiens, biologistes... dans le développement et le transfert de technologie.

74. INVESTING IN THE FUTURE: THE CASE FOR LONG-ACTING AND PERMANENT CONTRACEPTION IN SUB-SAHARAN AFRICA / INVESTIR À L'AVENIR: LE CAS DE LA CONTRACEPTION DE LONGUE DURÉE ET PERMANENTE EN AFRIQUE SUB-SAHARIENNE

Wuleta Betamariam, John M. Pile, Isaiah Ndong and Roy Jacobstein

Email: wbetamariam@engenderhealth.org

In Sub-Saharan Africa, 44.5 million women—2 in 5 married women of reproductive age—want to space births or limit their number of births. However, fewer than half (21 million) currently use any contraceptive method, and only one in seven uses a modern method. There are compelling reasons to invest in long-acting and permanent contraceptive methods (LAPMs)—IUDs, implants, and male and female sterilization—in Sub-Saharan Africa. LAPMs can address a full range of women's and couples' needs. Only 1.8 million women currently use these methods, yet evidence suggests

that if and when potential clients have correct information on the methods and services are made widely available, LAPMs will be adopted. LAPMs are needed, wanted, and crucial. This paper 1) addresses the case for investing in LAPMs in Africa, 2) reviews current trends, 3) model future scenarios, and 4) outlines strategies for increasing access and utilization of LAPM services

74. FRAGILE, THREATENED, AND IN GREAT NEED: FAMILY PLANNING PROGRAMS IN SUB-SAHARAN AFRICA / FRAGILES, MENACÉS ET DANS UN GRAND BESOIN: LES PROGRAMMES DU PLANNING FAMILIAL EN AFRIQUE SUB-SAHARIENNE

Roy Jacobstein, Isaiah Ndong, Wuleta Betamariam and John M. Pile

EMail: RJacobstein@engenderhealth.org

This paper discusses: 1) the high current and future need for modern family planning in sub-Saharan Africa, as reflected in trends in contraceptive use, unmet need, and fertility; 2) the evidence and reasons for the “fragility” of FP services, as reflected in the experience of five relatively successful family planning programs (Ghana, Kenya, Malawi, Tanzania and Zambia); and, 3) the challenges and opportunities facing sub-Saharan African family planning programs, with the largest cohorts in history entering their reproductive years, and just to maintain current levels of CPR requiring expansion of services by at least 40%. A wide range of access barriers to family planning are categorized, and proven ways of redressing these barriers are presented. Without having quality FP services that are well aligned with people’s fertility intentions, individual health and well-being will be jeopardized and national development goals will be difficult or impossible to achieve

74. SECURING ACCESS TO REPRODUCTIVE HEALTH COMMODITIES: A REGIONAL APPROACH / SÉCURISER L’ACCÈS AUX SOINS DE BASE EN SANTÉ DE LA REPRODUCTION: UNE APPROCHE RÉGIONALE

Antoine Ndiaye, Chevenee Reavis and Stephen Redding

EMail: andiaye@aware-rh.org

Availability of reproductive health commodities continues to be a major constraint in meeting the demands for family planning across Africa. Slow donor coordination, and inadequate forecasting and planning systems can threaten grassroots efforts that encourage families to actively engage in family planning. Launched in 2003, the USAID-funded AWARE-RH Program (Action for West Africa Region - Reproductive Health) is a regional program containing a unique initiative that engages several West African countries in sharing planning and procurement information, advocating for improved reproductive health policies and participating in commodity logistics training. AWARE-RH implements a complementary program to promote greater use of family planning resources available at all levels of the health system, as well as the establishment of regional centers of excellence offering commodity logistics training and services. The presentation includes a description and discussion of RH commodity security at the regional level, and its value to national health programs.

74. ACCELERATED FERTILITY DECLINE AND POPULATION POLICIES IN ALGERIA: A PARADOXICAL EVOLUTION? / BAISSÉ RAPIDE DE LA FÉCONDITÉ ET POLITIQUES DE POPULATION EN ALGÉRIE : UNE ÉVOLUTION PARADOXALE?

Zahia Ouadah-Bedidi

EMail: ouadah@ined.fr

Dans cette communication, il s’agit de mettre en parallèle l’évolution de la fécondité et celle de la politique de population sur les quarante dernières années en Algérie pour montrer le décalage qui

a toujours existé entre le niveau de fécondité atteint et l'opinion des pouvoirs publics sur ce même niveau. Cette communication est structurée en trois parties. D'abord, nous analyserons la période post indépendance, caractérisée par une absence de politique de limitation des naissances, malgré un niveau de fécondité élevé. Ensuite, nous verrons comment l'Algérie effectue un revirement politique net entre la conférence de Bucarest et celle de Mexico au moment même où la baisse de la fécondité commence à s'accélérer, sous l'effet d'un premier facteur qui est le retard de l'âge au mariage. Enfin, nous tenterons de parler de la situation actuelle caractérisée par des changements démographiques très rapides et intenses.

75. LOCAL DEVELOPMENT AS A MEANS TO COMBAT THE RURAL-URBAN MIGRATIONS: THE TUNISIAN EXPERIENCE / LE DÉVELOPPEMENT LOCAL MOYEN DE LUTTE CONTRE L'EXODE ET L'ÉMIGRATION: EXPÉRIENCE TUNISIENNE

Zitouni Belgacem

EMail: zitounibel@yahoo.fr

Ce papier va présenter les politiques de développement local en Tunisie, les procédures et les outils qui ont été forgés à partir des zones défavorisées, d'abord rurales, victimes de l'exode, puis urbaines. Ces politiques affirment de plus en plus clairement la nécessité de soutenir les initiatives locales, issues de la mobilisation des acteurs locaux, « mobilisations » ne devant pas être nécessaires de repliement. En effet si les énergies locales peuvent contribuer à produire les nécessaires adaptations socio-économiques, le développement local ne peut se faire sans ouverture sur des espaces beaucoup plus larges. C'est en donnant à la population la possibilité de concevoir des types de développement et d'organisation leur permettant d'exercer sur les institutions une contrainte qui les amènent à tenir compte de leurs propositions que l'on pourra s'engager dans un développement durable et profitable aux générations actuelles et aux générations futures.

75. CONTEXTUALIZING THE ROLE OF POPULATION GROWTH IN FOREST COVER CHANGE IN MALAWI / CONTEXTUALISER LE RÔLE DE LA CROISSANCE DE LA POPULATION DANS LE CHANGEMENT DE LA COUVERTURE FORESTIÈRE AU MALAWI

Leo C Zulu

EMail: zulu@msu.edu

After a century of formal forestry management, deforestation in Malawi is widely considered an "irresolvable problem." Despite growing evidence that the link between population growth and environmental degradation is not straight-forward, nor unidirectional, and often weak or non-existent, macro-scale Malthusian explanations dominate "crisis narratives" of deforestation. Many studies ignore the interplay of population with social, institutional, economic, and ecological factors that shape environmental change in specific locations, or focus too narrowly on population growth. This paper uses multiple research methods, in particular 1) remote sensing analysis of satellite data and geographic information systems (GIS) to determine the spatial extent and pattern of forest cover nationally since 1972; 2) geospatial logistic regression models to identify the main drivers of such change and their relative importance; and 3) social surveys and participatory rural appraisal (PRA) tools to examine local perceptions and the interplay of socio-economic and biophysical factors in shaping such change in 58 villages in southern districts of Blantyre and Chikwawa.

75. DEMOGRAPHIC DIMENSIONS OF THE URBANIZATION PROCESS IN SELECTED AFRICAN COUNTRIES: NEW PROSPECTS AND CHALLENGES / LES DIMENSIONS DÉMOGRAPHIQUES DU PROCESSUS DE L'URBANISATION DANS DES PAYS SÉLECTIONNÉS D'AFRIQUE: NOUVEAUX DÉFIS ET PERSPECTIVES D'AVENIR

Mohammad Mirzaie, Nader Motie Haghsheenas, Mahmood Moshfegh and Hossein Javadkhani

EMail: mmirzaie@chamran.ut.ac.ir

The aim of this paper is explaining demographic dimensions of the urbanization process in Tanzania, Uganda, Kenya and Rwanda. Data is from annual report of UNDP for 2006. Degree and tempo are the most basic demographic dimensions of the urbanization process. Several indices have been presented for measuring the degree of urbanization, each of which allows analysis of one particular aspect of the phenomenon. In general, the tempo of urbanization is measured by comparing the level of urbanization at two different times. So, it implicitly involves the advantages and disadvantages of the indices used to measure the degree of urbanization. In the end of 20th century, most of the African countries have experienced urbanization transition along with the demographic transition. We have tried to show demographic dimensions of urbanization during 1975-2004. The results indicate that there are fluctuations among these countries. Yet the future of urbanization will remain a challenging but increasingly important task in the coming decades.

75. MOVING IN AND MOVING UP: MIGRATION AND SCHOOLING OUTCOMES AMONG SCHOOL AGE CHILDREN IN NAIROBI SLUMS / LA MIGRATION ET LES RÉSULTATS SCOLAIRES CHEZ LES ENFANTS D'ÂGE SCOLAIRE DANS LES BIDONVILLES DE NAIROBI

Kanyiva Muindi, Eliya M Zulu, Evangeline N Nderu and Ousmane Faye

EMail: kmuindi@aphrc.org

This paper seeks to establish whether there is a difference in various schooling outcomes among recent migrants and long-term residents in two slum communities in Nairobi. Data come from two longitudinal studies; the Nairobi urban demographic and health surveillance system (NUHDSS) and the education research program that is nested in the NUHDSS. Most of the existing research is based on mobility into better environments. However, this study will be looking at a situation that is unique - mobility into a poorer physical environment and areas lacking in school infrastructure. Results indicate that although recent migrants are less likely to progress from one grade to another, they are also less likely to drop out of school compared to long-term residents. These findings have implications on existing education policy, which should take special consideration of migrant children, who have to adjust to various challenges including but not limited to schooling.

76. UNIVERSAL BASIC EDUCATION IN NIGERIA: CHALLENGES AND PROSPECTS / L'ÉDUCATION UNIVERSELLE DE BASE AU NIGÉRIA: LES DÉFIS ET PERSPECTIVES

Adunola Adepoju and Anne Fabiyi

EMail: adunadep@yahoo.com

The fundamental principle of UBE in Nigeria is that everybody must have access to equivalent education comprehensively and co-educationally. The concept of the Universal Primary Education introduced in 1976 was to change into Universal Basic Education twenty-three years later. The scope of basic education has been broadened after the World Declaration on EFA, and the Framework for Action to meet Basic learning needs. The challenges were daunting - lack of physical and human resource materials, insufficient infrastructure and inadequate funding. Almost all sampled teachers

in Lagos metropolis complained of poor motivation, coupled with lack of community interest and participation in the management of the schools. The study based on trend analysis of education and population statistics reveals that, the achievements of the of the UBE scheme introduced in line with MDGS have further been constrained by the rapidly expanding in-school and out-of-school age population who are the recipients.

76. FAMILY DETERMINANTS OF BASIC EDUCATION IN ALGERIA / LES DÉTERMINANTS FAMILIAUX DE LA SCOLARISATION EN ALGÉRIE

Nacer Boulfekhar and Mohamed Bedrouni

EMail: boulfekhar@caramail.com

L'investigation que nous voulons entreprendre, à travers notre intervention, vise à identifier les facteurs inhérents aux ménages, qui peuvent influencer, et voir même déterminer les pratiques en matière de scolarisation des enfants. Par facteurs inhérents aux ménages on entend les caractéristiques individuelles du chef de ménage, les caractéristiques individuelles des autres membres du ménage, les caractéristiques du ménage lui même (taille, conditions d'habitat, milieu de résidence...)

76. ENROLMENT AND GENDER PARITY AFTER FREE PRIMARY EDUCATION IN KENYA: LOOKS LIKE PRO-POOR PRIVATE SCHOOLS IN NAIROBI'S SLUMS HAVE A POINT TO MAKE! / INSCRIPTION ET PARITÉ DE GENRE APRÈS L'ENSEIGNEMENT PRIMAIRE GRATUIT AU KENYA: IL SEMBLE QUE LES ÉCOLES PRIVÉES PRO-PAUVRES DES DAUDIS DE NAIROBI ONT LEUR MOT À DIRE.

Charles Epari

EMail: cepari@aphrc.org

This paper examines enrolment and gender parity for children attending both public and private schools from Nairobi's slum and non- slum areas. We use retrospective schooling history data for six years (2005-2000) collected within the longitudinal framework of the Nairobi Urban Health Demographic Surveillance System (NUHDSS). The results suggest that even with free primary education, enrolment in private schools by children from the slums grew from 1333 (32.0 percent) in 2000 to 3392 (51.7 percent) in 2005. In sharp contrast, more children from the non-slum sites attended public schools with those attending private schools only accounting for 26.7 percent in 2005. Interestingly, with values of between 1.02 and 1.05 for the period 2000-2005, gender parity is much better for children from the slums attending private schools than their counterparts attending public schools and for those attending both private and public schools in the non slum estates.

76. ADDRESSING SCHOOL SAFETY IN UGANDA / A LA RECHERCHE DE SOLUTION AU PROBLÈME DE SÉCURITÉ DE L'ÉDUCATION EN OUGANDA

Rita Lulua, Onesmus Dralega, Lisa Sherburne, Elizabeth Ekochu and Apollo Nkwake

EMail: rlulua@upholduganda.org

Safety as an important aspect of quality learning has been inadequately addressed under Universal Primary Education (UPE) in Uganda. A study found that 84% and 76% of pupils reported to have observed or experienced violence against girls and boys respectively. Teachers were identified as perpetrators by 17% (Action Aid International, 2004). Abuse causes health risks, school drop out and failure to achieve full potential among children. Since 2005, JSI/UPHOLD, a USAID-funded project that works in 28 districts of Uganda, has supported the Ministry of Education and Sports

to introduce Safe School Contracts to more than 200 primary schools. Teachers and pupils sign the SSC where teachers agree to protect pupils from abuse while pupils identify three safety friends. Focus group discussions and interviews were conducted with pupils and teachers to explore their experiences. Pupils reported positive changes like increased confidence, less tension on school grounds, less harassment and reduced assaults.

77. PERCEPTION OF HIV/AIDS RISK AMONG OLDER PEOPLE LIVING IN SLUMS SETTLEMENTS OF NAIROBI CITY, KENYA / L'IMPACT DU VIH/SIDA SUR LA MORBIDITÉ ET LA MORTALITÉ DES PERSONNES ÂGÉES VIVANT EN MILIEU URBAIN: LE CAS DES PERSONNES ÂGÉES DES BIDONVILLES DE NAIROBI

Gloria C Langat

EMail: tete@soton.ac.uk

The paper explores the role of experiential knowledge and affective feelings in influencing perceived HIV/AIDS risk factors among older people. Quantitative data collected from 2,771 people aged 50 years and older as part of a larger study in Korogocho and Viwandani slums of Nairobi, Kenya is used. Findings indicate caring for persons who are infected, caring for orphans, loss of support from adult children through illness or death and infection among older people as the four most cited HIV/AIDS risks. The paper illustrates how personal experiences and feelings of vulnerability towards HIV risk factors are associated with what older people perceive as threats. One finding of programmatic implication is that older people recognise HIV infection among their age group as a concern dispelling the notion that older people do not perceive themselves at risk of HIV infection. They should therefore be targeted in prevention interventions.

77. THE IMPACT OF HIV/AIDS ON THE ZAMBIAN POPULATION: THE CASE OF OLD PEOPLE / L'IMPACT DU VIH/SIDA SUR LA POPULATION DE LA ZAMBIE: LE CAS DES PERSONNES ÂGÉES

Chibwe Lwamba

EMail: clwamba@usaid.gov

The national adult HIV prevalence for Zambia is estimated at 16% with proportions of 18% for women and 13% for men. HIV prevalence ranges between 8% and 22%, with urban rates being about two times higher than the rural rates. About 1,000,000 Zambians are living with HIV/AIDS and an estimated 1.1 million orphans have either lost both or one parent largely due to AIDS mortality. Less than 5% of the Zambian population survives to old age (65 years and above). Current statistics show that HIV has spread to all parts of Zambia and very high prevalence levels of HIV are found in urban areas, and effects mostly adults in their prime productive and reproductive age groups of 25-39 years and all sectors of the Zambian society. As a consequence, grandparents and children are caring for the sick adults and orphans instead of being cared for.

77. GROWING OLD WITH AIDS: THE PERSPECTIVES AND BEHAVIOURS OF OLDER PEOPLE IN KWAZULU-NATAL, SOUTH AFRICA / VIEILLIR AVEC LE SIDA: PERSPECTIVES ET COMPORTEMENTS DES PERSONNES ÂGÉES DANS LE KWAZULU-NATAL, AFRIQUE DU SUD

Pranitha Maharaj

EMail: Maharajp7@ukzn.ac.za

Despite the consequences that HIV/AIDS is likely to have for older people in South Africa, very little empirical work has focused directly on this issue. The overall aim of this study is to provide

insights into the perspectives and behaviours of older men and women, both infected and affected by HIV/AIDS, by drawing on focus group discussions with men and women aged 50 and above. Levels of awareness of HIV/AIDS are high but older people do not perceive themselves at risk of HIV infection. However, some women reported that they were at risk of HIV infection because of their partner's sexual behaviour. Some older men engage in casual and transactional sex, which increases their partner's risk of HIV infection. Most report that they are vulnerable to HIV infection primarily through care giving activities. The study found that the impact of HIV/AIDS is substantial and is compounded greatly by gender dynamics in the household.

77. HIDDEN IMPACTS: "NEAR OLD" WOMEN'S EXPERIENCES OF ADULT MORBIDITY AND MORTALITY IN THE ERA OF HIV/AIDS IN RURAL SOUTH AFRICA / IMPACTS CACHÉS: LES EXPÉRIENCES DES FEMMES "PRÈS DE LA VIEILLESSE" DANS LE DOMAINE DE LA MORTALITÉ ET DE LA MORBIDITÉ DES ADULTES AFFECTÉS PAR LE VIH/SIDA EN MILIEU RURAL SUD AFRICAIN

Catherine Ogunmefun

EMail: Catherine.Ogunmefun@students.wits.ac.za

This paper explores the coping strategies of "near old" women with regard to adult morbidity and mortality in their households in the HIV/AIDS era. Semi-structured interviews were conducted with 30 women aged 50-59 in the MRC/Wits Unit study site in rural South Africa. Some of the findings show that "near old" women, like women over 60, have caregiving responsibilities but no coping strategies such as a pension grant, stokvel and burial society. Despite the fact that they are engaged in economic activities such as trading and farming, they are still overwhelmed with financial responsibilities of giving care to sick adult kin and orphans/foster children. Many thought a pension grant would have made a lot of difference when there was an adult illness and death in their households. Therefore they long for the day they will become pensioners and able to cope better with crises such as HIV/AIDS in their households.

78. SOCIO-ECONOMIC IMPACT OF HIV/AIDS ON CHILDREN AFFECTED BY HIV/AIDS IN SOUTH WEST NIGERIA / IMPACT SOCIO-ÉCONOMIQUE DU VIH/SIDA SUR LES ENFANTS AFFECTÉS PAR LE VIH/SIDA DANS LE SUD-OUEST DU NIGÉRIA

Adebayo O. Ajala, Olakunle Odumosu, Sunday Alonge and Nancy Nelson-Twakor

EMail: bayoajala1964@yahoo.com

This paper aims to determine how the needs of the children affected by HIV/AIDS could be appropriately met. The study was based on a survey of persons in HIV/AIDS affected households, which included 135 adults and 206 of their children. At least 44% are orphans. 2% of all the children are HIV positive. A fair number of the children engage in economic activity. Major needs of the children included school uniform, books and bags and financial assistance. One-fifth of children linked parents' inability to do more of what they desired to their ill health. In conclusion, the specific impact of HIV/AIDS on children need be responded to now more than ever. The well being of children affected will depend on the community and public policy interventions introduced to moderate the impact of the disease on children and families.

78. MARITAL POWER AND DECISION-MAKING PROCESSES REGARDING VOLUNTARY COUNSELING AND TESTING FOR HIV IN RURAL MALAWI / POUVOIR MATRIMONIAL ET PROCESSUS DE PRISE DE DÉCISION CONCERNANT LE COUNSELLING ET LE TEST DU VIH EN MILIEU RURAL DU MALAWI

Lauren Gaydosh

EMail: laurengaydosh@gmail.com

In response to the staggering AIDS pandemic in sub-Saharan Africa, many governments, policy organizations and non-governmental organizations recommend the scaling-up of voluntary counseling and testing (VCT). However, there is limited information on who attends VCT clinics and why people accept or refuse testing. Using qualitative interviews with married couples approached for VCT, this paper explores the sources of women's marital power, married men's and women's decision-making processes, and gender differences in decision making, all in the context of HIV testing in rural Malawi. Finally, I present the implications of these results, for couple VCT, and suggest that couple VCT permits a different decision-making process and a different way of sharing information between spouses. This paper is a step forward in the academic and policy debates, demonstrating the benefits of testing and counseling husband and wife together, and supporting couple VCT as a vital next step in HIV/AIDS prevention in Malawi.

78. GROWING UP IN THE CONTEXT OF HIGH HIV PREVALENCE: ADULT DEATH AND ILLNESS, FAMILY LIVING ARRANGEMENTS, AND CHILDREN'S LIVES / GRANDIR DANS LE CONTEXTE DE LA PRÉVALENCE ÉLEVÉE DU VIH: MALADIE ET DÉCÈS DES ADULTES, ARRANGEMENTS DE MODE DE VIE DE LA FAMILLE ET LA VIE DES ENFANTS

Erin M. Parker, Susan E. Short, Rachel E. Goldberg and Thandie Hlabana

EMail: erin_parker@brown.edu

The HIV/AIDS epidemic in Southern Africa is one the most pressing problems facing the world today. HIV/AIDS-related illness and death are reorganizing families and households throughout the region. The well-being of children is of particular concern due to the scale of parental death. Using the Lesotho Demographic and Health Survey (DHS) and over 100 in-depth interviews with caregivers and children, we depict the lives of children in Lesotho, a country in which 40% of children lose at least one parent by age 16. We use DHS data to describe children's experiences of adult death and illness and to put death and illness in the broader context of children's family living arrangements. We then use interviews with caregivers to elaborate on the circumstances surrounding parent presence and absence. Finally, we analyze interviews carried out with children themselves to learn what children say about HIV/AIDS, and to situate the epidemic in their lives.

78. POLYGyny AND HIV IN MALAWI / LA POLYGYNIE ET LE VIH/SIDA AU MALAWI

Rania Tfaily

EMail: Rania_Tfaily@carleton.ca

We review HIV infection rates among individuals in monogamous and polygynous marriages in Malawi and disentangle the process that leads to higher HIV prevalence in polygynous than in monogamous unions. We are particularly interested in two processes: first we assess whether men and women in polygynous unions more often engage in risky sexual behavior, and secondly we evaluate the selection of HIV positive women into polygynous unions.

78. ORPHANHOOD, CHILDHOOD AND IDENTITY DILEMMA OF CHILD HEADED HOUSEHOLDS IN RURAL ZIMBABWE IN THE CONTEXT OF HIV/AIDS PANDEMIC / L'ORPHELIN, L'ENFANCE ET LE DILEMME D'IDENTITÉ DE L'ENFANT CHEF DU MÉNAGE DANS LE CONTEXTE DE LA PANDÉMIE DU VIH/SIDA EN MILIEU RURAL DU ZIMBABWE

Monica Chizororo

EMail: mc62@st-andrews.ac.uk

This paper focuses on orphaned children who have lost both parents and currently living on their own as child headed households (CHHs), in a rural community in Zimbabwe. The paper examines how Zimbabwe's escalating HIV crisis has reconstructed childhood through an exploration of how CHHs evolved, the socialisation of household members, gender roles and survival strategies. This paper draws on an intensive ethnographic research project with five CHHs and their siblings. The paper shows that while CHHs are vulnerable, they exhibited considerable competence and capabilities to sustain themselves. However, State and NGO definition of childhood on the other hand, and cultural and local understanding of childhood produce new conceptual struggles of childhood that impacts negatively on the CHHs' integration into society and their capacity to function fully. The ambivalent position of CHHs needs to be addressed if CHHs are to be recognised as an alternative orphan care arrangement.

79. ACHIEVING THE MDGS WITH EQUITY: NEED FOR THE HUMAN RIGHTS BASED APPROACH / ATTEINDRE AVEC ÉQUITÉ LES OMD: LE BESOIN D'UNE APPROCHE BASÉE SUR LES DROITS DE L'HOMME

Oladele Arowolo

EMail: oladele68@yahoo.com

The Millennium Declaration (2000) committed member states to uphold the human rights principles and to put in place development strategies that will lead to the achievement of basic human rights standards. MDGs are aggregate national indicators and the average values computed for the targets mask significant internal variations within each country, which makes it difficult to monitor progress among vulnerable groups, such as rural population, women, urban poorest. The Human Rights Based Approach (HRBA) has the capacity to identify, for targeted programming, those who are commonly left behind in the process of national development. The HRBA involves three interrelated steps. i) Causality analysis; ii) Role/Pattern analysis and; iii) Capacity Analysis. HRBA employs the human rights standards to help define the specific problem (say, poverty), identify those responsible for action, and measure results in terms of the realization of those standards.

79. ACHIEVING MDG TARGETS BY ADDRESSING REPRODUCTIVE HEALTH INEQUALITIES THE OBA WAY / ATTEINDRE LES OBJECTIFS DU MILLÉNAIRE POUR LE DÉVELOPPEMENT A TRAVERS L'ÉLIMINATION DES INÉGALITÉS DE LA SANTÉ REPRODUCTIVE À LA MANIÈRE DE "L'OBA".

Solomon Mumah, Francis Kundu and Richard Muga

EMail: scjmumah@yahoo.ca

MDGs are a set of eight important, time-bound goals that represent a blueprint for global development agreed to by member states of the UN and international development institutions, and, however good as they may appear, achieving these goals by the target date (2015) is proving a major challenge in many developing countries. Consequently, in a bid to address RH inequalities

and contribute toward the achieving of these MDGs, the government of Kenya is embarking on a performance-based RH program that links goal of improving RH with incentives to reward service delivery. This paper analyses how MGD targets can be achieved by addressing RH inequalities using the OBA approach. In the final analysis, we argue the case for OBA since input based assistance does not improve efficiency/quality of service delivery. They have failed to respond to changes in needs, entail high overheads and may not necessarily influence behaviors of beneficiaries.

79. ACCESS OF THE CONGOLESE POPULATION TO BASIC INFRASTRUCTURES / L'ACCESSIBILITÉ DE LA POPULATION CONGOLAISE AUX INFRASTRUCTURES DE BASE

Perpétue Madungu Tumwaka

EMail: madunguetue@yahoo.fr

A partir d'un Sondage d'Opinion sur la Perception de la Pauvreté par la Population Congolaise (SOPPOC) réalisé en RDC en 2004 avec un échantillon de 2.095 ménages et 19 574 individus âgés de plus de 15 ans, nous avons élucidé le niveau de l'accessibilité de la population congolaise aux infrastructures de base. L'approche comparative nous a permis de dégager les indicateurs de la pauvreté de ménage par les actifs pour chaque province de la RDC, selon le milieu de résidence et selon le sexe du chef de ménage et de mesurer leur accessibilité aux infrastructures de base. Les résultats de la présente étude propose aux décideurs du pays et aux planificateurs économiques de mieux orienter l'implantation des infrastructures de base en tenant compte de la diversité de chaque province et des pauvres, en vue de leur permettre de satisfaire leur besoin de base.

79. TRACKING THE MILLENNIUM DEVELOPMENT GOALS IN SOUTH AFRICA'S 21 POOREST NODES / TRAQUER LES OBJECTIFS DU MILLÉNAIRE POUR LE DÉVELOPPEMENT DES VINGT ET UNE LOCALITÉS LES PLUS PAUVRES DE L'AFRIQUE DU SUD

Matt Smith and David Everatt

EMail: msmith01@iafrica.com

A study commissioned by the South African Department of Social Development to explore innovative ways to build sustainable livelihoods in the 21 nodes that make up the Integrated Sustainable Rural Development Programme (ISRDP) and Urban Renewal Programme (URP) included conducting a socio-economic and demographic baseline survey in the 21 nodes. These nodes (13 fall under the ISRDP and 8 fall under the URP) were selected because of the deep poverty in which many of their citizens live. Data, from 8 387 randomly selected respondents across the 21 nodes, suggests South Africa is making progress towards achieving the MDGs but vast discrepancies exist at nodal level. Local conditions, especially those associated with local governance, are having a profound effect on attaining the MDGs. Strategies being developed to ensure realisation of the MDGs must take local circumstances into account otherwise certain nodes will continue to fall further behind nodes making progress.

81. INTEGRATING REMOTE SENSING, GIS, CENSUS AND SOCIO-ECONOMIC DATA IN STUDYING THE POPULATION-LAND USE/COVER NEXUS IN GHANA. / INTÉGRER LA DÉTECTION À DISTANCE, LE GIS, LES DONNÉES SOCIO-ÉCONOMIQUES DU RECENSEMENT À L'ÉTUDE DE L'UTILISATION DE LA TERRE ET SES LIENS AVEC LA COUVERTURE DE LA TERRE AU GHANA

Samuel N.A Codjoe

EMail: scodjoe@ug.edu.gh

Land is a very important asset and a means to sustain livelihood. In the face of a rapidly growing global population, increase in technological capacity, and affluence, the earth's land cover has been transformed. At the same time, social organization, attitudes, and values have also undergone profound changes. In contemporary times, issues of sustainable development, pollution prevention, global environmental change and related issues of human-environment interaction have been a major concern, due to global warming and its consequences, which are threatening the very existence of humans on earth. Remotely sensed data in combination with Geographical Information Systems (GIS) have been observed to have potential scientific value for the study of population-environment interaction. This paper provides an account of how Remote Sensing, GIS, census and socio-economic survey data have been integrated in studying the population land-use/cover nexus in Ghana, and identifies the major methodological challenges, and solutions.

81. RAINFALL VARIATIONS AND CHILD MORTALITY IN THE SAHELIAN REGION. RESULTS FROM A COMPARATIVE ANALYSIS IN BURKINA FASO AND MALI / LES VARIATIONS DANS LES PRÉCIPITATIONS ET LA MORTALITÉ INFANTILE DANS LA RÉGION DU SAHEL: LES RÉSULTATS D'UNE ANALYSE COMPARATIVE ENTRE LE BURKINA FASO ET LE MALI

Stéphanie Dos Santos and Sabine J.F Henry

EMail: Stephanie.DosSantos@ird.fr

Apart from the classical determinants, ecological factors have a strong influence on child survival in rural subsistence societies. For example, persistence of unfavourable climatic conditions may lead to a sharp reduction of the food production. Conversely more rain affect child survival in environments dominated by malaria and water borne diseases. This communication presents a comparative analysis, which combines exceptionally reliable multi-source data in event-history models, to understand how rainfall variations may influence child survival in Sahel, with accuracy at fine spatial and temporal resolutions. Two countries are compared, Burkina Faso and Mali, which experience high levels of child mortality and high rainfall disparities within each country. A first case study has already highlighted how child survival depends on rainfall conditions, with specific patterns of rainfall variations and children's mortality relationships in each agro-climatic burkinabè region. This communication aims to compare these results with those obtained in Mali.

81. POPULATION AND ENVIRONMENTAL CHANGE IN AFRICA: EVALUATION OF A REFORESTATION PROGRAMME IN URAMBO DISTRICT-TANZANIA / POPULATION ET CHANGEMENT DE L'ENVIRONNEMENT EN AFRIQUE: L'ÉVALUATION D'UN PROGRAMME DE REFORESTATION DANS LA PRÉFECTURE D'URAMBO EN TANZANIE

Mangasini A. Katundu and Dismas Mwaseba

EMail: mangasinik@yahoo.co.uk

The study was conducted in Urambo District Tanzania. Objectives of the study were to : examine role played by primary farmer co-operatives in implementing the programme; determine the planting

rate of trees; assess the survival rate of planted trees; and identify constraints faced by farmers in implementing the reforestation programme and their coping strategies. The Study applied a cross-sectional research design. Variety of methods including personal observations questionnaires and focus group discussion were applied. Sample size for the study was 60 primary-farmer co-operative members. Data were analyzed using SPSS, both descriptive and inferential statistics were analyzed. Results from this study show a poor performance of reforestation programme. The programme had both a low planting rate and a low survival rate of 39.6 %. This study recommends that, farmers should be separated from livestock keepers, local authorities to introduce strict by-laws, penalties and fines to those who deliberately burn the forests, concentrating on increasing indigenous species.

81. POPULATION AND ENVIRONMENTAL CHANGE IN SOUTH AFRICA / LA POPULATION ET LE CHANGEMENT ENVIRONNEMENTAL EN AFRIQUE DU SUD

Dewaram A. Nagdeve

EMail: dnagdeve@yahoo.com

Rapid population growth, poverty and economic development in country are degrading the environment through uncontrolled growth of urbanization, expansion and intensification of agriculture, and destruction of natural habitats. The present paper examines the relationship of population to the environment and with growing population, poverty and urbanization the environment is changing. Conducted an analysis of changes and trends over last twenty-five years. The study reveals that the country's population growth is imposing an increasing burden on the country's limited and continually degrading natural resource base. The natural resources are under increasing strain, even though the majority of people survive at subsistence level. The environmental effects like ground water and surface water contamination; air pollution and global warming are of growing concern owing to increasing consumption levels. The paper concludes with some policy reflections, the policy aimed at overall development should certainly include efforts to control population and environmental pollution.

81. CLIMATE VARIABILITY, ENVIRONMENT CHANGE AND FOOD SECURITY NEXUS IN NIGERIA / LA VARIATION CLIMATIQUE, LE LIEN ENTRE LE CHANGEMENT DE L'ENVIRONNEMENT ET LA SÉCURITÉ ALIMENTAIRE

Emeka Obioha

EMail: eeobioha@yahoo.com

In the recent times, due to the increasing rate of global warming, the Savannah region of Nigeria has been experiencing continuous climatic change characterized by drastic reduction in rainfall, increase on the rate of dryness and heat, with depletion of the amount of water, flora and fauna resources. This situation has been on for years without much questions and answers with regard to how it affects food production and security in the country. Against this background, this paper investigates the chain of interactions between climatic change, draught condition and food production in Nigeria. It addresses the estimate of draught condition in the savannah region of Nigeria, the nature of food production activities in the area and the extent to which continuous climatic change has affected the state of food production. The paper also examines the indigenous and formal institutional frameworks in addressing the situation for assured food security in Nigeria.

82. ON THE WAY TOWARDS MARRIAGE: SEXUAL AND FERTILITY PATHWAYS OF FIANARANTSOA ADOLESCENTS (MADAGASCAR) / EN CHEMIN VERS LE MARIAGE : PARCOURS SEXUEL ET DE LA FÉCONDITÉ DES ADOLESCENTS DE LA PROVINCE DE FIANARANTSOA (MADAGASCAR)

Clotilde Binet and Bénédicte Gastineau

EMail: clotilde.binet@ird.fr

A Madagascar, les adolescents sont nombreux à être sexuellement actifs. Rares sont ceux qui utilisent une méthode contraceptive et de nombreuses adolescentes se retrouvent enceintes. Il est admis que les risques pris par les adolescents célibataires sont liés à un manque d'informations ou de connaissances en matière de contraception. Cette communication examine cette hypothèse : les grossesses des adolescentes peuvent être le fruit d'une stratégie délibérée pour accéder au mariage et au statut d'adulte. Il s'agit de tester la fertilité du couple et surtout celle de la future épouse. Cette recherche menée dans une région de Madagascar a nécessité des données démographiques et une enquête de terrain. Le résultat principal est la confirmation que la grossesse est une étape parmi tant d'autres du mariage et de l'entrée dans la vie adulte. Par conséquent, les risques pris par les adolescents ne résultent pas d'une absence d'offre de contraception, mais d'une absence de demande.

82. SEX, CUSTOM AND POPULATION: A NIGERIAN EXAMPLE / SEXUALITÉ, COUTUME ET POPULATION: UN EXEMPLE DU NIGERIA

Peter J Ezech

EMail: pitjazi@yahoo.com

Sexuality is key to the social life of the Orring, a minority ethnolinguistic group in South-Eastern Nigeria. Like in most so-called simple societies, rules on sexual conduct also govern such relational principles as marriage, descent and kinship. But here they go a little further than this because propriety or otherwise of sexual conduct is not limited to the acts of sexual partners. It affects also the status of children of such partners or those that may be socially connected with them at other levels. Relying on ethnographic data from two Orring communities, this paper argues that population policies that ignore local customs may not deliver their expected impacts. A cross-disciplinary approach to population policy issues is suggested.

82. COUPLE RELATIONSHIPS, SEXUALITY AND CONTRACEPTION DIFFICULTIES: COMPARATIVE ANALYSIS OF FOUR CAPITALS (ACCRA, DAKAR, OUAGADOUGOU, RABAT) / RAPPORTS DE COUPLE, SEXUALITÉ ET DIFFICULTÉS CONTRACEPTIVES : ANALYSE COMPARATIVE DE QUATRE CAPITALES AFRICAINES (ACCRA, DAKAR, OUAGADOUGOU, RABAT)

Lorise Moreau, Catherine Gourbin, Luis Reategui Salmon and Groupe ECAF

EMail: moreau@demo.ucl.ac.be

Cette communication vise à cerner les relations entre rapports de couple, inégalitaires ou non, sexualité et prise de risque de grossesse, notamment en identifiant les liens entre les caractéristiques socio-démographiques de la femme, son degré d'autonomie, les caractéristiques de la relation et les difficultés contraceptives, dans quatre capitales africaines (Accra, Dakar, Ouagadougou, Rabat). Dans le cadre du projet ECAF (Emergency Contraception in Africa), il est postulé que cette prise de risque ne peut se penser que dans un contexte culturel particulier et dans une relation

de couple singulière. La définition des difficultés contraceptives sera discutée, puis les données et les indicateurs utilisés seront présentés. Des analyses de correspondances multiples seront ensuite menées, d'une part pour les femmes célibataires sexuellement actives et d'autre part pour les femmes en union car les dimensions structurantes de la prise de risque y sont différentes. Enfin, les résultats pour les quatre capitales seront comparés.

82. "IF YOU START THINKING POSITIVELY, YOU WON'T MISS SEX": NARRATIVES OF SEXUAL (IN)ACTIVITY AMONG PEOPLE LIVING WITH HIV AND AIDS (PLWHAS) IN NAIROBI'S INFORMAL SETTLEMENTS / "SI VOUS COMMENCEZ À PENSER POSITIVEMENT LE SEXE NE VOUS MANQUERA PAS " : LES PAROLES DES PERSONNES SEXUELLEMENT (IN) ACTIVES VIVANT AVEC LE VIH ET LE SIDA DANS LES INSTALLATIONS INFORMELLES DE NAIROBI

Chi-Chi Undie, Abdhalah K Ziraba, John Kebaso, Elizabeth W Kimani-Murage and Nyovani Madise

EMail: cundie@aphrc.org

This paper examines the intersection between ARV treatment, poverty, and sex/sexual behavior within two urban informal settlements in Kenya. Semi-structured, in-depth interviews were conducted with approximately 50 participants to understand their general experiences as people living with HIV/AIDS (PLWHA) in urban slums. The complexities surrounding the negotiation of sex and sexuality emerged as a recurrent theme among ARV recipients. The discourses and descriptions of lived experiences emanating from the study suggest that PLWHAs in urban poor settings are situated in a perpetual tug-of-war between local aid agencies and medical practitioners (who frame sex/sexual behavior by PLWHA as negative and harmful) and current or potential sexual relationships (for which abstaining from sex can also have negative and harmful implications). Furthermore, the data presented highlight the need in African settings to engage with sexuality in a way that goes beyond its linkages with disease, and incorporates its other positive aspects.

82. UNDERSTANDING SEXUAL RELATIONS BETWEEN MARITAL PARTNERS: A STUDY OF OGU FAMILIES, SOUTH-WESTERN NIGERIA / COMPRENDRE LA RELATION SEXUELLE ENTRE LES PARTENAIRES MARIÉS: UNE ÉTUDE DES FAMILLES OGU DANS LE SUD OUEST DU NIGÉRIA

Onipede Wusu and Uche Isiugo-Abanihe

EMail: onipedewusu@yahoo.com

The study examines control over sexuality between marital partners. Using a multi-stage sampling procedure, structured questionnaires were administered among 900 married men and women in the study area to generate quantitative data; 9 focus group discussions were also organized to elicit contextual information. The analysis reveals that there is pleasure in sex that makes both partners naturally to desire it. While men are culturally conditioned to make direct demand for sex, women employ indirect erotic strategies to initiate sex. The consent of both partners is required for the encounter to give maximum pleasure. Sexual relation between marital partners in the study area is characterized by politics and less of any partner having dominance. Logistic models show that urban residence and frequent spousal communication are like to promote gender equality in the control over sexuality between marital partners. Hence sexual health programmes should focus on both partners and not just men.

83. THE IMPACT OF FREEDOM ON FERTILITY TRANSITION: REVISITING THE THEORETICAL FRAMEWORK / L'IMPACT DE LA LIBERTÉ SUR LA TRANSITION DE LA FÉCONDITÉ: REVISITER LE CADRE THÉORIQUE

Martha M Campbell, Ndola Prata and Malcolm Potts

E-Mail: campbell@berkeley.edu

In every place where fertility is stalled or persistently high, identifiable barriers continue to stand between women and the technologies and correct information they need for having control over whether to have a child. This paper questions theoretical explanations for fertility decline centered on couples' rational decision making about family size based on exogenous sources of inspiration. We have assembled evidence for a freedom model recognizing that women everywhere have a natural comfort with the idea of bearing fewer than the maximum possible number of children, and that they are likely to act upon this latent desire only if they perceive the benefits of seeking or using family planning are higher than the costs. Costs, defined broadly, represent many barriers to fertility regulation, including medical rules and misinformation about contraception. Many examples are given. The freedom model implies that birth rates are open to change within a human rights framework.

83. SITUATIONS OF FERTILITY STALL IN SUB-SAHARAN AFRICA / SITUATIONS DE LA FÉCONDITÉ STABILISÉE EN AFRIQUE SUB-SAHARIENNE

Michel Garenne

E-Mail: mgarenne@pasteur.fr

A comparative study of fertility trends since 1950 in 30 countries from sub-Saharan Africa revealed several cases of "fertility stall", that is a change from downward fertility trends to flat- or even slightly rising- trends for some time, usually a few years: Ghana (1998-2003), Kenya (1995-2003), Madagascar in urban areas (1987-1993), Nigeria (1999-2003), Rwanda in rural areas (1999-2005), Tanzania in rural areas (1995-2004). In a first part, the paper presents the statistical evidence of changes in fertility trends. In a second part, the analysis focuses on possible causes of these changes. Fertility stalls were often associated with changes in two proximate determinants (contraceptive use and age at marriage) and in two socio-economic correlates (income and labor force participation). The paper concludes to a variety of situations leading to different causality in the various countries, including one case for which no reasonable explanation could be found from the available data.

83. FERTILITY TRANSITIONS IN AFRICA AT THE SUB-NATIONAL LEVEL / LES TRANSITIONS DE LA FÉCONDITÉ EN AFRIQUE AU NIVEAU DES SOUS-RÉGIONS NATIONALES

Bruno D. Schoumaker and Dominique Tabutin

E-Mail: schoumaker@demo.ucl.ac.be

The objective of this paper is to describe and explain fertility levels and trends at the regional level in sub-Saharan Africa, using all the available demographic and health surveys data collected since the mid 1980s. The first part of the paper consists of a description of levels and trends of general fertility and its main proximate determinants at the regional level. The second part of the paper is an analysis of the relationships between fertility levels and trends and the main proximate determinants of fertility using the Bongaarts model. The third section is devoted to the analysis of the influence of socio-economic and demographic factors (education, standard of living, child mortality...) on fertility levels and trends at the regional level. Special attention is given to the identification of factors linked to the stalling fertility transitions.

83. FERTILITY TRANSITION IN SUB-SAHARAN AFRICA: FALLING AND STALLING / LA TRANSITION DE LA FÉCONDITÉ EN AFRIQUE SUB-SAHARIENNE: BAISSE ET STABILITÉ

David Shapiro and Tesfay Gebreselassie

EMail: dshapiro@psu.edu

This paper uses data from the Demographic and Health Surveys to examine the current status of fertility transition in sub-Saharan Africa, including the extent to which fertility decline has stalled. Among the two-dozen countries covered by multiple surveys, 22 have initiated fertility transition, and a third of these countries have experienced stalling of fertility decline. We study the links between changes in contraceptive use, fertility preferences, and socioeconomic development (as reflected in changes in women's education, infant and child mortality, and real per-capita economic growth) and fertility decline and stalling. Changes in the measures of socioeconomic development are all related to the likelihood of stalling. We also analyze determinants of age-specific fertility rates in urban and rural places, and assess future prospects for fertility decline in the region. Progress in increasing women's educational attainment is identified as a key factor contributing to sustained fertility decline.

84. QUALITY OF LIFE AMONG UNSKILLED AND SEMI SKILLED MIGRANTS IN URBAN LAGOS / QUALITÉ DE VIE CHEZ LES MIGRANTS PROFESSIONNELS ET SEMI-PROFESSIONNELS À LAGOS URBAIN

Pius E. Adejoh

EMail: piusadejoh@yahoo.com

The urban areas in most developing countries have continued to grow quite rapidly due to the migration of young adults seeking better livelihoods in the cities. Unfortunately urban labour markets are unable to absorb this growing number of job seekers especially the unskilled and the semi skilled. Trapped in poverty, most of them end up in slums and squatter settlements characterized by poor sanitation, overcrowding, diseases and absence of basic services. This study examines the quality of life of unskilled and semi skilled migrants in urban Lagos and the factors that inform the decision to remain in the city. It surveyed 300 migrants in the slums of Lagos. The study scored most of the respondents low in nearly all the indices for measuring quality of life. Also, some wish to go back to the rural areas but are dissuaded by the shame of coming to the city and not succeeding.

84. MIGRATION DYNAMICS AND SMALL SCALE GOLD MINING IN NORTH-EASTERN GHANA: IMPLICATIONS FOR SUSTAINABLE RURAL LIVELIHOODS / DYNAMIQUE DE MIGRATION ET EXTRACTION D'OR À PETITE ÉCHELLE DANS LE NORD-EST DU GHANA: LES IMPLICATIONS POUR LES MOYENS DE SUBSISTANCE DURABLE EN MILIEU RURAL.

Mariama Awumbila and Dzodzi Tsikata

EMail: mawumbil@ug.edu.gh

Traditionally, North-Eastern Ghana has experienced net out migration, with movement from the north to the south largely to work in the cocoa growing areas of the south. The 1990s however saw some form of reverse migration largely of small scale miners moving from the mining areas of the south to engage in small scale gold mining in the north. This was a result of the discovery of gold

deposits in the early 1990s, which led to an influx of an estimated 20,000 people into the region thereby increasing its importance in the local economy. This paper examines how the migration of small scale gold miners, has led to a re-structuring of livelihoods around gold mining, which was hitherto marginal to livelihoods. It raises sustainability issues with regard to the impact of mining for land and resource tenure for livelihoods, social and gender relations and on health and the environment.

84. MIGRATION AND THE SPREAD OF HIV IN RURAL AREAS OF AFRICA: THE EXAMPLE OF LIKOMA ISLAND, MALAWI / LA MIGRATION ET LA PROPAGATION DU VIH DANS LES MILIEUX RURALES DE L'AFRIQUE: L'EXEMPLE DE L'ÎLE DE LIKOMA, MALAWI

Agnes M Chimbiri, Stephane Helleringer and Hans-Peter Kohler

Email: agnes.chimbiri@undp.org

Studies of migration and HIV in rural areas of Africa have focused on the role of out-migrants in increasing infection risks, but the composition and direction of migration flows may be more complex. In some settings, rural areas are frequently visited by short-term in-migrants with whom rural dwellers may engage in sexual relations. However, most surveys of sexual behaviors and migration are based on small samples of out-migrants. Thus they do not allow estimating the contribution of in-migration to rural HIV epidemics. In this paper, we use a unique population-based survey of sexual networks conducted in Likoma Island (Malawi) to identify all the relationships connecting rural dwellers and migrants (both in-migrants and out-migrants). We argue that local relationships with temporary in-migrants are not only a common form of sexual partnership, but may also constitute more efficient bridges for HIV transmission across distant areas than sexual contacts during out-migration.

84. RURAL-URBAN MIGRATION AND ITS EFFECTS ON FERTILITY AND CHILD SURVIVAL IN BANGLADESH / MIGRATION RURALE-URBAINE ET SES EFFETS SUR LA FÉCONDITÉ ET LA SURVIE DE L'ENFANT AU BANGLADESH

M. Mazharul Islam and Kazi Md. Abul Kalam Azad

Email: mmazhar@agni.com

This paper examines the effect of rural-urban migration on fertility and child survival in urban Bangladesh, using data from the Bangladesh Demographic and Health Survey. Urban migrants have higher fertility rate than the urban natives. Under five mortality is higher among children born to urban migrants than to lifelong urban natives (102 Vs 62 per 1,000 live births). Rural-urban migrants are disadvantaged by economic status than urban natives. Within the urban areas, the child survival status is even worse among the migrant poor than the average urban poor. The study findings indicates that rapid growth of urban population in recent years due to rural to urban migration coupled with higher risk of mortality among migrant's children may be considered as one of the major explanation for slower decline in under-five mortality in urban Bangladesh and thus diminishing urban-rural differentials in childhood mortality in Bangladesh.

85. ORPHANS, SCHOOLING AND MEDICAL AID COVERAGE IN THE ERA OF HIV/AIDS IN SOUTH AFRICA / LES ORPHELINS, LA SCOLARISATION ET LA COUVERTURE D'AIDE MÉDICALE À L'ÈRE DU HIV/SIDA EN AFRIQUE DU SUD

Henry V Doctor and Zodwa M Radasi

EMail: hdoctor@uwc.ac.za

Using data from the 2003 General Household Survey, we examine the level of orphanhood and its impact on school enrolment and medical aid coverage in South Africa. Using descriptive statistics and logistic regression models, results show that the proportions of orphanhood increases with age and that non-orphans are 42 per cent more likely to be enrolled in school than orphans. Non-orphans are about four times more likely to be enrolled in a medical aid scheme than orphans. The findings reported here are very important in that they help the government gauge the progress made towards achieving one of the United Nations Millennium Development Goals of reducing the world's poverty by half. Further, these findings call for the continued support of the government and the extended family in enhancing the welfare of orphans.

85. HIV/AIDS-RELATED BELIEFS, PERCEPTION AND SEXUAL BEHAVIOURS IN SOUTH AFRICA: ANALYSIS OF CAPE AREA PANEL STUDY / CROYANCES RELATIVES AU VIH/SIDA, PERCEPTIONS ET COMPORTEMENTS SEXUELS EN AFRIQUE DU SUD: ANALYSE DE L'ÉTUDE DES EXPERTS DU CAP

Amos Oyedokun and Clifford O Odimegwu

EMail: aooyedokun@yahoo.com

This paper investigates impact of HIV/AIDS-Related beliefs and perception on sexual behaviours of young people based on the Health Belief Model, using Wave 1 data of Cape Area Panel Study. Results showed that 95% believed there is protection against HIV/AIDS; that belief in abstinence, limiting numbers of sexual partners and HIV/AIDS risk perception are the most important predictors of contraceptive use at last sexual intercourse ($P < 0.05$). Small risk, moderate risk, great risk, HIV-positive and ignorant group are all less likely to use protection at the last sexual intercourse when compared to no risk assessor ($P < 0.05$). HIV/AIDS risk perception and having relations who died of HIV/AIDS impacted use of contraceptives during first and last sexual intercourse, and consistency of condom use at last sexual intercourse. Those with deceased relations from HIV/AIDS should be encouraged to speak out so that young people in South Africa can know that the epidemic is real.

85. RECENT TRENDS IN HIV-RELATED KNOWLEDGE AND BEHAVIORS IN ETHIOPIA, 2000-2005 / LES TENDANCES RÉCENTES DANS LA CONNAISSANCE RELATIVE AU VIH ET LES COMPORTEMENTS EN ETHIOPIE

Chiho Suzuki, Vinod Mishra, Pav Govindasamy, Rathavuth Hong and Yuan Gu

EMail: CSuzuki@fhi.org

According to the 2005 Ethiopia Demographic and Health Survey, 1.4 percent of Ethiopian adults (age 15-49) were infected with HIV. The prevalence was much higher in urban areas, among women, and among adults who had multiple sex partners and non-regular partners. Using data from the two recent Ethiopia Demographic and Health Surveys, conducted in 2000 and 2005, this study examines trends in key HIV-related knowledge, attitudes, and sexual behavior indicators. The trends are examined using the t-test to determine significant changes in selected indicators during 2000 and 2005. The results indicate that knowledge of HIV prevention methods has stagnated

in recent years, but there has been a considerable increase in youth practicing sexual abstinence. Fewer adults reported having multiple partners and the proportion reporting sex with a non-spousal partner decreased substantially. The overall use of condoms remained low, but the use of condoms with non-spousal partners increased substantially.

85. SEXUAL BEHAVIOUR AND REPRODUCTIVE INTENTIONS OF PEOPLE LIVING WITH HIV/AIDS AND ARE ON ANTIRETROVIRAL TREATMENT IN UGANDA / L'EFFET DE LA THÉRAPIE ANTIRÉTROVIRALE SUR LES COMPORTEMENTS SEXUELS ET LES INTENTIONS DE REPRODUCTION EN OUGANDA

Natal Ayiga

EMail: nayiga@isae.mak.ac.ug

Antiretroviral Treatment has improved the health and life expectancy of People with HIV/Aids (PHAs). This paper examined the sexual behavior and reproductive intentions of People with HIV/Aids who are on Antiretroviral Treatment. Questionnaires and Focus Group Discussions were used to collect information on sexual activity, reproductive intentions and characteristics of PHAs. Qualitative method, chisquare and logistic regression was used for analyses of data. The results showed that 73% and 63% of males and females respectively were sexually active and 35% of males and 28% of females reported intention to have children. Older, never married, those with 2 or more children, those in domestic chores and students were less likely to be sexually active and intent to have children. Multiple partnering and none use of HIV prevention were associated with sexual activeness and intention to have children. This findings call for innovation in HIV prevention and reproduction for People with HIV/Aids.

85. THE IMPACT OF ARVS ON THE SEXUAL AND REPRODUCTIVE LIVES OF PEOPLE LIVING WITH AIDS IN CAMEROON / LES ENJEUX SEXUELS ET REPRODUCTIFS DE LA MISE SOUS ARV DES PERSONNES VIVANT AVEC LE SIDA AU CAMEROUN

Honoré Mimche

EMail: h_mimche@yahoo.fr

Cette communication examine un ensemble d'enjeux associés à l'accès aux ARV par les PVVS Camerounais. Dans un contexte de forte stigmatisation et où les patients ont le plus souvent peur de rendre public leur statut sérologique, comment parviennent-ils à gérer leur sexualité et leur vie féconde ? L'accès aux ARVs s'accompagne-t-il d'une modification dans les habitudes sexuelles au sein des couples et dans les relations sexuelles courantes ? Plus spécifiquement, nous analyserons les effets de l'accès au traitement sur la sexualité (calendrier, pratique contraceptive) et la fécondité (désir d'enfant, planification des naissances, gestion de la descendance) des patients. L'analyse est basée sur des données qualitatives collectées dans le cadre du projet STRATALL initié au Cameroun par le l'ANRS, en appui au gouvernement Camerounais

86. ATTEMPT AT THE EVALUATION OF REGISTRATION OF BIRTHS FROM DOUBLE DATA COLLECTION : THE CASE OF BONOUA MUNICIPALITY / FONCTIONNEMENT DE L'ÉTAT CIVIL EN CÔTE-D'IVOIRE. ESSAI D'ÉVALUATION DE L'ENREGISTREMENT DES NAISSANCES À PARTIR D'UNE DOUBLE COLLECTE : LE CAS DE LA COMMUNE DE BONOUA

Benjamin Zanou and Koffi N'Guessan

EMail: b_zanou@yahoo.fr

Malgré leur importance pour la prise de décisions pour le développement, les données d'état civil sont insuffisamment exploitées dans la majorité des pays africains. Très peu d'études y sont menées à partir de ces informations. La cause serait l'incomplétude de l'état civil. En Côte d'Ivoire, l'état civil est une institution coloniale. Les premiers textes limitaient les déclarations des événements à certaines catégories de la population. Depuis 1964, le système est étendu à toute la population mais son fonctionnement comporte encore des faiblesses. À partir de la double collecte des naissances, cette communication se propose d'évaluer le taux de couverture de l'état civil dans la commune de Bonoua (Côte-d'Ivoire). L'étude montre que le fonctionnement est complexe et que le taux de 65 % obtenu n'est qu'apparent. Des tests de Khi deux ont permis de répondre à certaines interrogations sur les déterminants de la non-déclaration des naissances à l'état civil.

86. IMPROVING THE DECLARATION OF CIVIL REGISTRATION SYSTEMS IN RURAL CAMEROON: INNOVATIVE STRATEGIES FOR DEATH REGISTRATION / COMMENT AMÉLIORER LES DÉCLARATIONS DES FAITS D'ÉTAT CIVIL EN MILIEU RURAL CAMEROUNAIS: STRATÉGIES INNOVATRICES POUR L'ENREGISTREMENT DES DÉCÈS

Samuel Kelodjoue

EMail: skelod@yahoo.fr

La plupart des études sur l'évaluation du niveau de complétude des faits d'Etat civil au Cameroun arrivent à la conclusion qu'il reste très faible et surtout varie suivant les secteurs de résidence. (pour les décès, 30 % en zone urbaine contre 10 à 15 % en zone rurale). Les déclarations des naissances se comporteraient beaucoup mieux (90 % dans les grands centres urbains, et 40 à 60 % en zone rurale). Pourquoi ces faibles taux ? Peut-on l'améliorer (positivement) ? Quelles actions innovatrices et motivations peuvent être entreprises pour amener ou encourager la faction de la population encore réticente à déclarer officiellement les faits d'Etat Civil, même lorsqu'un avantage n'est pas entrevu ? C'est à ces questions et en exploitant les résultats d'une enquête qualitative menée en 2005 auprès des Chefs de ménage et des discussions en groupe en zones rurales camerounaises que nous tenterons de répondre dans cette communication.

86. EVALUATING THE CAUSE OF DEATH CERTIFICATION AT AN ACADEMIC HOSPITAL IN CAPE TOWN, SOUTH AFRICA / EVALUER LA CAUSE DE LA CERTIFICATION DU DÉCÈS À L'HÔPITAL ACADÉMIQUE DE CAPE TOWN, AFRIQUE DU SUD

Beatrice Nojilana, Pamela Groenewald, Debbie Bradshaw and Gavin Reagon

EMail: beatrice.nojilana@mrc.ac.za

Cause of death statistics are amongst the mostly widely used source of epidemiological, clinical and health investigations. However, its quality is greatly dependent on the doctor and his or her understanding of the guidelines for reporting underlying causes. Death certificates completed in an

academic hospital in Cape Town during 2004 were reviewed for errors and codability according to International Statistical Classification of Diseases and related Health problems (ICD-10) principles. A total of 983 death certificates were evaluated in this cross-sectional descriptive study. Only 16 (1.6%) of the death certificates were correctly completed to the international standard. Almost half (45.4%) had at least one major error that could compromise the identification of the underlying cause of death. Further investigations are underway to assess the extent of misclassification of AIDS as a cause of death. However it is clear that training in completing death certificate is needed.

86. USING BURIAL SURVEILLANCE DATA FOR MONITORING AIDS MORTALITY IN ADDIS ABABA, ETHIOPIA / UTILISER LES DONNÉES SUR LA SURVEILLANCE DES ENTERREMENTS DES DÉFUNTS POUR ÉVALUER LA MORTALITÉ PAR LE SIDA À ADDIS ABABA, ETHIOPIE

Georges Reniers, Gail Davey, Tekebash Araya, Nico J.D. Nagelkerke, Yemane Berhane and Eduard J Sanders

EMail: reniers@colorado.edu

As in most other countries in SSA, there is no vital registration system in Ethiopia and it is therefore difficult to monitor population-level adult mortality trends. As an alternative, we developed a surveillance of burials at all cemeteries of Addis Ababa. The surveillance captures over 20,000 deaths annually. Using these data, we investigate population level trends in overall and AIDS specific adult mortality over a 5-year period during which antiretroviral therapy (ART) has been introduced. Our AIDS mortality estimates are much lower than those obtained via extrapolations from ANC sentinel surveillance data. Further, we identify a reversal in all-cause adult mortality as well as AIDS specific adult mortality following the introduction of ART in 2003.

88. POSTPARTUM CARE IN SUB-SAHARAN AFRICA: INSUFFICIENT AND UNEQUAL / LE SOIN POST-NATAL EN AFRIQUE SUB-SAHARIENNE: INSUFFISANT ET INÉGAL

Alfredo L Fort, Monica Kothari and Noureddine Abderrahim

EMail: alfredo.fort@orcmacro.com

High maternal mortality rates still exist in the developing world, particularly in SubSaharan Africa. Postpartum haemorrhage is a common cause occurring shortly after birth that can be prevented or promptly managed through postpartum care (PPC). Using DHS data for 19 SubSaharan African countries, from 1999 to 2004, the study finds that about one-half of births occur outside health institutions, and the large majority of these do not receive PPC. When provided, timing of first care is after two days post delivery. Women more likely to receive PPC are wealthier, had received previous antenatal care, are educated beyond primary level, live in urban areas and have had more media exposure. Postpartum care in Africa is still scarce and delayed, and benefits better-off women. Increased skilled attendance at delivery or within hours after birth –at a health institution or at home- are advocated to contribute to reduce MMR in Africa.

88. WHAT DOES ACCESS TO MATERNAL CARE MEAN AMONG THE URBAN POOR? FACTORS ASSOCIATED WITH USE OF APPROPRIATE MATERNAL HEALTH SERVICES IN THE SLUM SETTLEMENTS OF NAIROBI, KENYA / QUE SIGNIFIE L'ACCÈS AU SOIN MATERNEL CHEZ LES PAUVRES VIVANT DANS LE MILIEU URBAIN? FACTEURS ASSOCIÉS À L'UTILISATION DES SERVICES DE SOINS MATERNELS APPROPRIÉS DANS LES BIDONVILLES DE NAIROBI, KENYA

Jean-Christophe Fotso, Alex Ezeh, Nyovani Madise, Abdhalah K Ziraba and Reuben Ogollah
EMail: jcfotso@aphrc.org

This study uses unique data from a maternal health project conducted in the slums of Nairobi, Kenya, to: 1) identify the factors which influence the choice of place of delivery; and 2) formulate recommendations aimed at improving maternal health among the urban poor. The dependent variable is a three-category ordinal variable; and ordered logit models are used to quantify the effects of selected covariates. Although 70% of women reported health facility delivery, only 48% delivered in a facility with skilled provider. This suggests that health indicators for the slum populations may be misleading if the quality of service is not taken into consideration. Besides education and wealth, the main factors influencing the choice of place of delivery included being advised during antenatal, pregnancy wantedness, and parity. To improve maternal health at the national level, a close attention should be paid to the growing urban poor populations.

88. FEW COMPREHENSIVE SERVICES, UNEQUAL ACCESS: CAPACITIES TO DEAL WITH OBSTRUCTED LABOR IN 5 AFRICAN COUNTRIES / PEU DE SERVICES COMPLETS, ACCÈS INÉGAL: CAPACITÉS DE TRAITER LES ACCOUCHEMENTS DIFFICILES DANS 5 PAYS AFRICAINS

Kiersten Johnson
EMail: kiersten.johnson@orcmacro.com

In sub-Saharan Africa, one in 16 women dies in pregnancy or childbirth, while 1.4 million women experience near-miss events. There is therefore a need to examine the availability of emergency obstetric care (EmOC) and women's access to it. The purpose of this analysis is to discern the availability of EmOC in a selection of African countries, and to describe barriers to health care that women face. Using SPA data, we assess the ability of facilities to provide the signal EmOC functions. We describe the regional differentials in the location of facilities that are capable of providing EmOC. Using DHS data, we describe the levels and differentials in respondents' use of delivery services, knowledge of danger signs in pregnancy, and experience of problems in accessing health care. The results of this analysis will serve to pinpoint gaps and difficulties that stand in the way of the delivery of emergency obstetric services.

88. ACHIEVING MDG 5 IN RESOURCE-POOR SETTINGS: RESULTS FROM THE SKILLED CARE INITIATIVE / ATTEINDRE L'OMD 5 DANS LES STRUCTURES AUX RESSOURCES INSUFFISANTES: LES RÉSULTATS DE L'INITIATIVE DE SOINS PROFESSIONNELS

Tuntufye Mwakajonga, Angela Mutunga and Ellen Brazier
EMail: tmwakajonga@fcimail.org

The Skilled Care Initiative (SCI) was developed to generate programmatic evidence on implementing skilled care in low resource settings. It used a quasi-experimental pre-test/post-test design, and was implemented in Burkina Faso, Kenya and Tanzania. Survey questionnaires were

administered to households, women of reproductive age and co-resident husbands. Information was collected on the use of skilled care at childbirth, and related knowledge, attitudes, and behaviors. 20,000 households in the intervention and comparison districts were surveyed in 2003 and 2006. The intervention districts in all three countries show an improvement of the use of skilled care. The improvement is most impressive in Burkina Faso, where at baseline 25% of women delivered with a skilled attendant, and at endline 56%. Contributing to significant increases in the use of skilled care at childbirth, even among the poorest women, the skilled care approach holds promise for meeting global and national commitments to reducing maternal mortality.

89. WOMEN'S STATUS AND HIV/AIDS RISK PREVENTION STRATEGIES: A MIXED-METHOD EVALUATION OF THE EFFECTS OF MICROCREDIT PARTICIPATION IN YAOUNDÉ, CAMEROON / STATUT DE LA FEMME ET STRATÉGIES DE PRÉVENTION DU RISQUE DU VIH/SIDA: UNE MÉTHODE MIXTE D'ÉVALUATION DES EFFETS DE LA PARTICIPATION AU MICROCRÉDIT À YAOUNDÉ, CAMEROUN

Carolette R Norwood

EMail: cr.norwood@earthlink.net

Recently, development scholars and demographers have given important attention to microcredit organization in the "third-world". Burgeoning research suggests that joining microcredit groups can have important impact on poverty reduction, family planning attitudes and practices, as well as women's empowerment status. Recently, however, advocates of microcredit are touting the usefulness of these programs in raising awareness about HIV and AIDS, and as a means of reducing the spread of the HIV virus through prevention education. Using quantitative and qualitative methods, this study assesses the independent effects of microcredit participation on HIV prevention and risk reduction strategies, women's empowerment status and family planning attitudes and practices in Yaoundé, Cameroon. Additionally, this study qualitatively evaluates local meaning and perception of women's empowerment and family planning, the usefulness of microcredit programs, and barriers to HIV prevention.

89. THE RIGHTS OF WOMEN IN NIGERIA: A MYTH OR A REALITY? / LES DROITS DES FEMMES AU NIGERIA: MYTHE OU RÉALITÉ?

Opeyemi Fadeyibi, Adeola Akinbuwa and Adedini Sunday

EMail: opeabiola@yahoo.ca

In Nigeria, there has been much debate about the rights of women and it is expected that the bill concerning the rights will soon be signed into law. The question however is whether this law will make any difference in the life of an average Nigerian woman. What does the average Nigerian woman know about these rights? Will this law on the rights of women affect women in all cadres of Nigerian life? What are the likely obstacles to the full realization of these rights by Nigerian women? This write up seeks to answer these and some other questions that have to do with law guiding the rights of women in Nigeria.

89. SOCIO-CULTURAL FACTORS INFLUENCING EXPECTANT MOTHERS' ACCESS AND CHOICE OF CHILD BIRTH SETTING/MATERNITY SERVICES IN IBADAN METROPOLIS, NIGERIA / LES FACTEURS SOCIOCULTURELS INFLUENÇANT L'ACCÈS ET LE CHOIX DES FEMMES ENCEINTES AUX SERVICES DE L'ACCOUCHEMENT/ SERVICES DE SOINS À LA MATERNITÉ DANS LA MÉTROPOLE D'IBADAN, NIGERIA

Emeka Obioha and Abiodun Fashagba

EMail: eeobioha@yahoo.com

In patriarchal societies, a woman's right to take decisions on health and reproductive issues without the consent of a male member of the family is hardly a practice. Even with various women rights initiatives, it is still not certain, the extent to which expectant mothers influence the decision on where to have their babies. Against this background, this study investigated the social and cultural factors that influence expectant mothers' decision on the type of maternity to use for child-birth. The study utilized secondary data sources and a survey of 150 mothers drawn from three purposively selected traditional, faith based and hospital maternity places in Ibadan. The study indicates the relative importance of husbands' approval, husbands' educational attainment, mothers' educational attainment, income variation, perception of safety of the birth place, pre-knowledge and preference for a particular birth place over other socio-cultural factors in influencing mothers' decision of child birth setting.

89. WHEN REPRODUCTION IS NOT A CHOICE: STUDIES OF INFERTILITY IN SUB-SAHARAN AFRICA / QUAND LA REPRODUCTION N'EST PAS UN CHOIX: ÉTUDES DE LA STÉRILITÉ EN AFRIQUE SUB-SAHARIENNE

Marida Hollos, Ulla M Larsen, Oka Obono and Bruce Whitehouse

EMail: marida_hollos@brown.edu

This paper examines local meanings of infertility as they are shaped by the larger social and cultural context; the impact of the prevalence of infertility on these meanings; and how the above affect community responses and life experiences in two African communities. The interdisciplinary research was conducted among the Ijo and the Yakurr people of southern Nigeria. The methodology included a survey of approximately 100 infertile and a matching sample of 100 fertile women as well as in-depth interviews with infertile and fertile women in Amakiri (Delta State) and Lophon (Cross River). Findings indicate that while there are variations in the extent to which infertility is considered to be problematic, due to a number of factors, including the level and the history of infertility in a particular location, the descent structure and the symbolic meaning of infertility, the necessity for a woman to have a child remains basic in sub-Saharan Africa.

90. HOW POVERTY IS PERCEIVED BY THE BENINOIS: SOME EVIDENCE / LA PERCEPTION DE LA PAUVRETÉ PAR LES BÉNINOIS : QUELQUES ÉVIDENCES

Elise Chantale Ahohey and Cosme Vodounou

EMail: eliseahovey@yahoo.fr

La description de la pauvreté est habituellement axée sur le profil qui demeure un excellent outil pour cibler les pauvres mais il reste muet sur la perception du phénomène par les ménages. Les relations entre l'état de la pauvreté et la perception de la pauvreté seront étudiées sur les données qualitatives issues de l'Emicov sur la base d'un modèle de régression construit autour de la satisfaction exprimée par les ménages. Les perceptions et les opinions de la pauvreté par les ménages seront confrontées au vécu à travers la mesure d'un indice composite de niveau de

vie fondé sur les caractéristiques de l'habitat et des conditions de vie des ménages. Les résultats permettront d'apprécier la pauvreté selon chaque région au niveau de l'importance qu'accordent les communautés à la consommation alimentaire, au logement, aux soins de santé, à l'éducation, à l'emploi et à leurs revenus. Les résultats pourront suggérer des politiques sociales différenciées pour chaque région du pays

90. POVERTY AND SOCIAL EXCLUSION IN ANGOLA: A SOCIAL VULNERABILITY APPROACH / PAUVRETÉ ET EXCLUSION SOCIALE EN ANGOLA: UNE APPROCHE DE VULNÉRABILITÉ SOCIALE

Betina Ferraz Barbosa and Bernardo Campolina

EMail: bbferraz@uol.com.br

The present paper aims to discuss social vulnerability in Angola, with especial attention to two related issues: poverty and social exclusion. The idea of qualifying a social vulnerability mainstream proposal identifies as main challenge the reflection of questions like: how to understand poverty and social exclusion in Angola and why adopt the theoretical approach of social vulnerability? among others. The theoretical proposals of social vulnerability approach explore four main dimensions: i) human assets; ii) households' assets; iii) financial assets; and iv) social assets; forming a multidimensional set of exposure to risk of social groups and individuals. A matrix of social vulnerability indicators of Angola is presented. Additionally an empirical exercise focusing on the construction of Social Vulnerability Index to Angola is tested. The methodological construction of the index has been developed in two steps: i) a single composite exercise; ii) and a complementary composite exercise.

90. REGIONAL DIFFERENCES IN CHILDHOOD MORTALITY IN SUB-SAHARAN AFRICAN COUNTRIES: EXPLORING THE ROLE OF POOR ENVIRONMENT AND HOUSEHOLD POVERTY / LES DIFFÉRENCES RÉGIONALES DE LA MORTALITÉ INFANTILE DANS LES PAYS DE L'AFRIQUE SUB-SAHARIENNE: EXPLORER LE RÔLE DU MAUVAIS ENVIRONNEMENT ET DE LA PAUVRETÉ DES FAMILLES

Ngianga II Kandala, Anthonia Uwazurike and Ngianga-Bakwin Kandala

EMail: shadrackkandal@yahoo.fr

Large regional variations in under-five mortality exist within many sub-Saharan countries. Poverty and poor geographic location as potential explanatory factors for these regional variations have seldom been considered despite it being implicated as a determinant of mortality in many developing countries. We study the regional differential of under-five mortality rates using the Demographic and Health Survey of Malawi, Nigeria, Tanzania and Zambia. Among the most important findings are that poor geographic location has an impact on child survival in addition to the impact of household socio-economic status. But even after accounting for the covariates, there is still a large amount of unexplained residual spatial effects that show a strong spatial structure. Factors other than poverty of the household may contribute to these differentials. It is suggested that regional variations in health care provision, environmental risks and cultural factors may provide an explanation for the spatial variation of mortality in the four countries.

90. MEASUREMENT OF OBJECTIVE POVERTY IN MALI: TO DIFFERENT METHODS, DIFFERENT RESULTS? / LES MESURES DE LA PAUVRETÉ OBJECTIVE AU MALI : AUX MÉTHODES DIFFÉRENTES, DES RÉSULTATS DIFFÉRENTS ?

Mathias Kuepie and Assa Doumbia-Gakou

EMail: kuepie@yahoo.com

L'objectif de la présente étude est de comparer l'impact des différences de méthodes de saisie du niveau de vie des ménages sur la mesure de la pauvreté objective au Mali. Nous recourrons à EMEP-2001 et ELIM -2006, deux enquêtes auprès des ménages maliens offrant une possibilité rare de comparer les différences de méthodologies de construction du niveau de vie sur l'ampleur et les variations de la pauvreté. EMEP-2001 procède par un enregistrement méticuleux et continue des dépenses des ménages. ELIM-2006 recourt à un dispositif d'enregistrement des dépenses rétrospectif et en un seul passage. Dans cette étude nous voulons tester si cette dernière laisse de côté ou au contraire surestime certaines dépenses. Enfin, nous mettrons en rapport les mesures de la pauvreté obtenues à partir des deux enquêtes avec celle basée sur la construction d'un indice à partir des caractéristiques de l'habitat et de biens durables, très utilisée dans les DHS.

91. EPIDEMIOLOGICAL TRANSITION AND THE DOUBLE BURDEN OF DISEASE IN ACCRA, GHANA / LA TRANSITION ÉPIDÉMIOLOGIQUE ET LE DOUBLE FARDEAU DE LA MALADIE À ACCRA, GHANA

Samuel Agyei-Mensah and Ama de-Graft Aikins

EMail: agyeimens@yahoo.com

It has long been recognised that as societies modernise, they experience significant changes in their patterns of health and disease. Despite rapid modernisation across the globe there are relatively few detailed case studies of changes in health and disease within specific countries and especially for Sub Saharan African countries. This paper presents some evidence to illustrate the nature and speed of the epidemiological transition in Accra, Ghana's capital city. As the most urbanised and modernised Ghanaian city and as the centre of multidisciplinary research since its status as Ghana's capital in 1877, Accra constitutes an important case study for understanding the epidemiological transition in African cities. Our study is still exploratory but it indicates how morbidity and mortality patterns in relation to communicable and non-communicable diseases have changed over the last century in response to demographic, economic, geo-political and sociocultural determinants.

91. MORBIDITY IN INDIA: IS THE COUNTRY FACING THE DUAL BURDEN OF COMMUNICABLE AND NON COMMUNICABLE DISEASES? / SCÉNARIO ÉPIDÉMIOLOGIQUE EN INDE: DONNÉES RÉCENTES D'UNE ENQUÊTE NATIONALE PAR SONDAGE.

Soumitra Ghosh

EMail: soumitra_nbu@sify.com

This paper examines the pattern, trend and determinants of morbidity prevalence in India using data on 'morbidity and health care' from 52nd (1995-96) and 60th round (2004) of NSSO. Prevalence of ailments and hospitalisation has risen significantly during 1995-96 to 2004. The reported prevalence of illnesses is greater among females than males. The age specific prevalence rate of morbidity followed a 'J' shape pattern. The prevalence of ailment shows a decline with increasing education. However, hospitalisation rate is positively associated with education and income. Household size and morbidity prevalence are found inversely related. The evidences from this study suggest that the country is at advanced phase of epidemiological transition in which the share of non-communicable

diseases accounts for about 56 and 70 percent of reported ailment cases in the rural and urban areas respectively. However, communicable diseases like diarrhea, whooping cough, tuberculosis etc. still co-exist with non-communicable diseases diabetes, heart disease and hypertension.

91. EPIDEMIOLOGICAL TRANSITION IN MOROCCO / LA TRANSITION ÉPIDÉMIOLOGIQUE AU MAROC

Imane Jroundi

EMail: imanejroundi@yahoo.fr

During 50 last years Moroccan's public health knew an improvement, which resulted in increase in the life expectancy to the birth (70,5 years against 47 years), reduction in the rough rate of mortality (5,5 ‰ against 19 ‰), reduction in the infant mortality (40 deaths against 118 per 1000 births), and reduction, even eradication, of diseases target vaccination. The analysis of the load of total morbidity, emphasizes an epidemiological transition, where the load of total morbidity of the group of the no communicable diseases (diabetes, arterial hypertension, cancer...) is higher than that of the group of the transmissible diseases, showing as well as Morocco faces a double burden of morbidity. The implication of these changes on the Moroccan health System and the need to adapt in terms of curative care and prevention of risks are reported and discussed.

91. PROFILE AND HIGH PREVALENCE OF CARDIOVASCULAR RISK FACTORS IN AN URBAN BLACK AFRICAN POPULATION / LE PROFIL ET LA PRÉVALENCE ÉLEVÉE DES FACTEURS À RISQUES CARDIOVASCULAIRES CHEZ DES POPULATIONS NOIRES EN MILIEU URBAIN AFRICAÎN

K Tibazarwa, L Niyinyane, K Sliwa, T Gerntholtz, D Wilkinson and Simon Stewart

EMail: Ktibazarwa@yahoo.com

Given the increase in incidence of coronary heart disease in sub-Saharan Africa, this study set out to raise awareness on CVD risk factors; and establish a baseline profile of CVD risk in the population of Soweto, South Africa. Convenience sampling was used over a 6-month period to screen participants presenting to a fixed monitoring stand in Soweto, the largest black residential area in South Africa. Measurements were taken for blood pressure and BMI, and blood tested for random blood glucose and cholesterol. A total of 1127 participants were screened. 75% of the population had at least one major risk factor for CVD, two-thirds having high BMI and 40% being severely overweight. Almost a third of screened persons had raised blood pressure raised, while 13% had raised blood cholesterol levels. These findings strongly suggest a high prevalence of risk factors for CVD in this urban black African population of Soweto.

92. LONG TERM EFFECTS OF REPRODUCTIVE HISTORY ON FEMALE MORTALITY IN RURAL SENEGAL / L'EFFET À LONG TERME DE LA VIE REPRODUCTIVE SUR LA MORTALITÉ DES FEMMES EN MILIEU RURAL SÉNÉGALAIS

Géraldine Duthé, Emmanuelle Guyavarch, Ekoué Kouévidjin, Raphael Laurent, Adama Marra, Pascal Arduin and Gilles Pison

EMail: geraldine.duthe@ined.fr

En l'absence de données statistiques, la mortalité adulte est difficile à étudier en milieu rural africain. Sur le long terme, l'effet de la fécondité sur la santé des femmes après leur vie reproductive est complexe, faisant intervenir des facteurs biologiques et socioéconomiques qui peuvent être positifs

ou négatifs. En milieu rural sénégalais, trois populations font l'objet d'un suivi démographique depuis plus de vingt ans, fournissant des données précises rendant possible d'étudier l'effet à long terme de la vie reproductive sur la mortalité des femmes. Nous identifierons les caractéristiques de la vie féconde des femmes qui jouent sur leur risque de décéder après 45 ans. La comparaison des résultats sur les trois populations nous permettra de voir s'il existe un schéma commun en milieu rural sénégalais ou si, au contraire, la relation entre la fécondité et la mortalité des femmes par la suite dépend de spécificités locales.

92. RESEARCH METHODOLOGIES ON THE HEALTH OF THE ELDERLY IN SUB-SAHARAN FRANCOPHONE AFRICA: HOW CAN THE QUEBEC EXPERIENCE BE USEFUL? / MÉTHODOLOGIE DE RECHERCHE SUR LA SANTÉ DES PERSONNES ÂGÉES EN AFRIQUE SUBSAHARIENNE FRANCOPHONE : À QUOI PEUT SERVIR L'EXPÉRIENCE DU QUÉBEC ?

Mahamane Ibrahima and Jacques Légaré

EMail: m.ibrahima@umontreal.ca

La santé des personnes âgées est un des principaux indicateurs de leur bien-être. Pour preuve, les pays développés ne cessent de concevoir et améliorer les systèmes de santé spécifiques aux personnes âgées. Pendant ce temps, la santé des personnes âgées en Afrique Subsaharienne reste paradoxalement associée à celle des adultes. L'expérience du Québec a permis d'élaborer une monographie sur la santé des personnes âgées à partir des enquêtes réalisées depuis la fin des années 1990. En Afrique, la recherche sur ce thème est encore embryonnaire et concerne généralement la partie anglophone ou australe du continent. L'objectif du présent travail est de proposer une méthode de recherche sur la santé des personnes âgées spécifique à l'Afrique Subsaharienne francophone en mettant à profit les approches et indicateurs utilisés dans le cadre des enquêtes réalisées par le Québec, par l'Organisation Mondiale de la Santé et par le monde en développement.

92. ANALYZING THE DETERMINANTS OF ADULT MORTALITY IN A BIOGRAPHIC MULTI-LEVEL PERSPECTIVE: RESULTS FROM DHS SURVEYS / ANALYSE DES DÉTERMINANTS DE LA MORTALITÉ ADULTE DANS UNE PERSPECTIVE BIOGRAPHIQUE MULTI-NIVEAUX : L'APPORT DES ENQUÊTES EDS

Bruno Masquelier

EMail: masquelier@demo.ucl.ac.be

Le module des enquêtes EDS sur la mortalité maternelle permet (1) de mieux évaluer les biais de l'estimation indirecte basée sur la survie des proches, (2) d'analyser la mortalité adulte dans une perspective biographique et multi-niveaux. 1 : A partir d'une enquête EDS menée en deux phases en 1995 dans la région de Mwanza (Tanzanie), les déclarations faites sur une même femme par différentes sœurs sont appariées, et confrontées à celles fournies par les répondantes, pour estimer l'ampleur des biais de sélection. La mortalité adulte est ensuite analysée dans un modèle biographique multi-niveaux pour estimer le phénomène de clustering des décès adultes au sein de certaines fratries. 2 : La mortalité adulte est alors analysée au niveau national en tenant compte de la corrélation des risques au sein des fratries et des contextes ainsi qu'en distinguant les effets contextuels et les effets individuels des variables explicatives.

92. SIBSHIP SIZE AND MORTALITY IN AFRICA: EVIDENCE FROM THE DHS / LA TAILLE DE "SIBSHIP" (FRÈRES ET SŒURS) ET LA MORTALITÉ EN AFRIQUE: L'APPORT DES ENQUÊTES EDS

Andrew Noymer and Ndola Prata

EMail: noymer@uci.edu

We use data from all African Demographic and Health Surveys to (re-) examine the relationship between sibship size and mortality of children. Survey data on respondents' siblings' survival are widely available. Demographers typically use such data to construct indirect estimates of life table measures. By themselves, these data suffer from the well-known problem that extinct sibships are not surveyed (e.g. where there are 3 siblings, all dead, none will be included in the sample). However, this shortcoming applies equally to all countries, so patterns by sibship size may be compared for various countries. Looking at sibship size and mortality has a substantive advantage over indirect techniques because information on sibship is preserved rather than averaged-out. Our early results show some unexpected findings, for instance in Cote d'Ivoire in the 1994 DHS, mortality increases monotonically with sibship size rather than having a mode at the middle of the family size distribution.

92. EVALUATING THE PERFORMANCE OF THE INTERVA MODEL FOR DETERMINING AIDS MORTALITY IN THE ADULT POPULATION OF ADDIS ABABA. / EVALUER LA PERFORMANCE DU "MODÈLE INTER VA" POUR LA DÉTERMINATION DE LA MORTALITÉ DU SIDA CHEZ LA POPULATION ADULTE D'ADDIS ABABA

Biruk Tessema Tensou and Tekebash Araya

EMail: Biruktensou2002@yahoo.com

Objective: Evaluating the performance of the InterVA model against gold standard. Methods: Causes of death determined by the model are compared with causes identified using hospital records. Results: The certainty of the probabilistic model varies from 20% to 100% with an average of 81%. The proportion of AIDS death determined by the gold standard is 56.5% while that of the InterVA is 54%. Both the InterVA and the gold standard gave identical results of AIDS and non-AIDS deaths (81%). Classifying all deaths as AIDS and non-AIDS, the sensitivity Value is 0.86 and the specificity is 0.73. Grouping HIV/AIDS and Tuberculosis increases both sensitivity and specificity values to 0.92 and 0.78, respectively. Conclusion: The analysis of VA based on probabilistic model produces promising results when compared to the gold standards to estimate adult AIDS mortality.

93. EXAMINING THE INTER-LINKAGES OF POPULATION GROWTH, POVERTY AND NATURAL RESOURCES IN TANZANIA / ANALYSE DES INTER-RELATIONS DE LA CROISSANCE DE LA POPULATION, DE LA PAUVRETÉ ET DES RESSOURCES NATURELLES EN TANZANIE

Ayoub S Ayoub

EMail: ayoub@unlv.nevada.edu

This study presents an empirical analysis of relationships between population growth via fertility rates, natural resources deterioration, and poverty in Tanzania. The study uses recent household data from the Demographic and Health Surveys. Unlike previous studies, this study uses a negative binomial model, which is considered appropriate for the dependent variable used. This study is

unique because it employs three models to distinguish combined rural and urban, rural, and urban populations. The findings indicate that water scarcity is associated with lower fertility rates in two of the three models used, and that higher levels of family wealth are associated with lower fertility rates for all three models. These findings provide evidence for Malthusian pressures by suggesting that population growth coupled with poverty leads to resource depletion, which in turn acts as a check on population growth by lowering fertility rates.

93. POPULATION AND OTHER DETERMINANTS OF FOOD CROP PRODUCTION IN THE DRY AND DERIVED SAVANNAH ZONES OF GHANA / POPULATION ET AUTRES DÉTERMINANTS DE LA PRODUCTION ALIMENTAIRE DES CULTURES AGRICOLES DANS LES ZONES SÈCHES ET DÉMUNIES DE LA SAVANE AU GHANA

Samuel N.A Codjoe

EMail: scodjoe@ug.edu.gh

After Malthus, theories accounting for food production have centred on two key conditions, viz., demographic pressure (Boserup) and market price incentives (Schultz). This paper examines determinants of food crop production in Ghana, placing these two theories and other mediating conditions (environmental, techno-managerial, political economic and institutional) at the heart of the discussions. Information from a household survey undertaken in 2001 among 1,568 farmers in 504 households in 24 rural localities in the dry and derived savannah zones is used. Results show that population is playing a significant role in determining food crop production in the derived and not the dry savannah, due to migration from the dry to the derived savannah. This is expected because most of the arable land is already being used for production and bushfires have also taken their toll on arable lands in the dry savannah.

93. NON MALTHUSIAN PERSPECTIVES ON POPULATION AND DEVELOPMENT IN LATIN AMERICA AND AFRICA / PERSPECTIVES NON MALTHUSIENNES SUR POPULATION ET DÉVELOPPEMENT EN AMÉRIQUE LATINE ET EN AFRIQUE

Ezana E. Habte-Gabr

EMail: ezana.habte@unisabana.edu.co

The exponential growth of population in the developing world during the last 50 years has resulted in this phenomena being automatically related as a determinant to underdevelopment. This paper examines issues in recent population growth and development from a non-Malthusian perspective addresses issues other than population in analysing underdevelopment as suggested by Julian Simon and Mahmud Mamdani amongst others. These perspectives suggest the benefits and logic of increased fertility rates from sociological and economic perspectives. I suggest that while some countries continue to grow at fast rates at present, but the fact that they are no longer pawns of the Cold War, allows for them to withstand population growth and focus on the economic sector, which was not the case earlier. Countries such as Colombia and Ethiopia will be utilized as case studies. Key Words: Development, African, Latin America, Malthusianism, Policy, Colombia, Ethiopia, Geopolitics

93. THE STATUS OF POPULATION, HEALTH, AND ENVIRONMENT INTEGRATION AND CROSS-SECTORAL COLLABORATION IN KENYA / LA SITUATION DE L'INTÉGRATION DE LA POPULATION, DE LA SANTÉ ET DE L'ENVIRONNEMENT: LA COLLABORATION TRANS-SECTORIELLE AU KENYA

Francis Mwaura and Karugu Ngatia

EMail: mwauraf@uonbi.ac.ke

An assessment was undertaken in Kenya to evaluate the success of integrated multiple-sector development approach as proposed in the MDGs. The findings showed that the population, health and environment cross-sectoral integration and institutional collaboration in Kenya is embedded in a wide range of the policies and legal frameworks. The assessment established that cross-sectoral integrated projects have existed in Kenya since the early 1980s during which numerous Integrated Conservation and Development Projects (ICDPs) emerged all over the world. However, there is a very limited number of PHE designed projects mainly because PHE integration is not easy to carry due to shortage of funds and many donors have their traditional area of funding. The assessment established that the PHE integration approach provides a vehicle for addressing Millennium Development Goals (MDG). The case studies indicated that PHE integration has brought positive change to the people and environment in areas where it is practiced.

93. POPULATION GROWTH AND AGRICULTURE DEVELOPMENT IN INDIA: A DISCOURSE ON MALTHUSIAN PRESSURES IN INDIA / CROISSANCE DE LA POPULATION ET DÉVELOPPEMENT DE L'AGRICULTURE EN INDE: UN DISCOURS SUR LES PRESSIONS MALTHUSIENNES EN INDE

Dayanand G. Satihal, Lakshmana d Vaikunthe and Pradeep Kumar Bhargava

EMail: dayanandsatihal@rediffmail.com

Literature review suggests that there are serious and growing concerns about the impacts of rapid population growth on natural resources, agricultural productivity and production in subsistence farming especially in developing countries such as India. It has been a point of debate for long time as to whether the Malthusian pressures have a positive or a negative impact on subsistence farming. This paper, through literature review in India and a case study in south Indian state of Karnataka tries to analyze the impact of Malthusian hypotheses about the impacts of rural population growth on agricultural development in terms of land utilization, agricultural production and productivity, demand for food grains poverty etc in the context of subsistence farming in India. The paper analysis elaborative literature review obtained and data (secondary data sources published by the government of Karnataka and other sources) collected for Ph.D. dissertation on Population Growth and Agricultural Development in India.

96. WOMEN'S SELF-PERCEPTION OF AUTONOMY IN THE CONTEXT OF AIDS / LA PERCEPTION DES FEMMES DE L'AUTONOMIE DANS LE CONTEXTE DU SIDA

Kim Deslandes

EMail: kim_deslandes@hotmail.com

Central among the factors influencing vulnerability to HIV infection are systems and structures of gender. For this reason, since the late 1980s women have been the focus of much work on HIV/AIDS. Particularly, health educators and community activists have concentrated on women for education about prevention, mostly promoting condom use. Yet this approach disregards the possibility that, in the context of the AIDS epidemic, gender relations might evolve and thus

that individual strategies of prevention might expand beyond the narrow range offered by family planning. Little attention has also been given to the interaction between perceptions of individual autonomy and individual HIV risk, and their impact on behavior. To better understand the changing meaning of gender empowerment in the context of the AIDS epidemic, we evaluate the relationship between perceptions of individual autonomy, perceptions of individual risk, and AIDS-related behaviors by using longitudinal data from a large-scale survey in Malawi.

96. THE PREVALENCE OF COVERT USE OF CONTRACEPTION IN ADAMA TOWN / PRÉDOMINANCE DE L'UTILISATION SECRÈTE DE LA CONTRACEPTION DANS LA VILLE D'ADAMA

Biruk Tessema Tensou and Assefa Hailemariam

EMail: Biruktensou2002@yahoo.com

Objective: To measure the prevalence of covert use of contraceptive and to identify its correlates. Methods Currently married women aged 15-49 and a sub-sample of their husbands was the study units. The prevalence of covert use is estimated using direct questions and discordant responses of couples. Results The prevalence of contraceptive use is almost 43%. 8.7% of currently married women use contraceptives without the knowledge of their husband's. Moreover almost 23% of women practiced with a complete or partial lack of knowledge of their husband. Moreover, of all the modern methods 15.7% of the covert users practice Injectables. Conclusion: The findings support the literature that covert contraceptive use is high in settings where contraceptive use is low. The involvement of men in reproductive health issues should be encouraged.

96. THE INFLUENCE OF GOVERNMENT POLICIES AND OTHER FACTORS ON THE REPRODUCTIVE LIVES AND RIGHTS OF WOMEN IN SOME SELECTED FRANCOPHONE AFRICAN COUNTRIES / L'INFLUENCE DES POLITIQUES DU GOUVERNEMENT ET D'AUTRES FACTEURS SUR LA VIE ET LES DROITS REPRODUCTIFS DES FEMMES DANS CERTAINS PAYS FRANCOPHONES AFRICAINS SÉLECTIONNÉS

Princy Yesudian

EMail: bhama659@yahoo.com

This paper focuses on the reproductive lives and rights of women in some selected Francophone countries and Tanzania with the main objectives of providing an overview of government efforts in reproductive health by reviewing existing programs; study the health status of women, prevalence and pattern of existing family planning measures taken, their choice and perspective. Also to identify some determinants which have high impact on the reproductive lives of women using multivariate analysis. The unmet need for family planning was found to be very high in these countries. With the exception of Gabon, the governments were found to be directly or indirectly supporting the distribution of contraception. Though the fertility was found to be high, the prevalence of contraceptive use was very low in some of the selected countries such as Guinea, Mali, Niger (< 10%) and Chad (2.5%). The highest proportion of modern contraceptive users were either highly educated or from the richer/ richest wealth quintiles.

96. COMMUNITY BASED SOCIAL UNITS: THE EXPERIENCE OF WILAYA DE BOURMERDES, ALGERIA / CELLULE DE PROXIMITÉ SOCIALE: EXPÉRIENCE DE LA WILAYA DE BOUMERDÈS, ALGÉRIE

Fatima Abadlia

EMail: abadlia_fatima@yahoo.fr

Les phénomènes d'exclusion, de marginalisation et de non intégration en milieu urbain prennent une ampleur dramatique dont il faut se saisir par des actions concrètes. Telle a été l'expérience pilote de notre cellule de proximité, constituée par deux équipes pluridisciplinaires installées auprès de deux sites pilotes où résident plus de 1000 habitants vivant dans des conditions précaires, nécessitant une assistance réelle. Notre mission est d'éveiller, informer, soutenir et surtout de rattraper le retard accusé en santé, particulièrement en matière de protection maternelle et infantile. Les consultations se font dans les cabines sahariennes installées, et à domicile. Des séances de rattrapage de vaccination ont été organisées pour les deux tiers des enfants captés non vaccinés. Toutes les femmes en âge de procréer, réticentes à l'idée d'espacement de naissance, ont été prises en charge en matière de santé reproductive et planning familial avec leur consentement après plusieurs séances d'éducation et de sensibilisation.

97. GENDER EQUALITY IN SOUTH AFRICA: THE FOUNDATION OF ACHIEVING THE MDGS / L'ÉGALITÉ DE GENRE EN AFRIQUE DU SUD, BASE POUR LA RÉALISATION DES OMD

Olga Masebe

EMail: kennethma@statsa.gov.za

More than 5 years have elapsed since the MDG's declaration was adopted. Considering the time to reach 2015, there is little time to lose. If success is to be achieved, ensuring gender equality will be essential, given the relevance of gender concerns to all the MDG's. MDG's are mutually reinforcing and progress towards one goal affects progress towards the others. Success in some goals will have positive impacts on gender equality, just as progress toward equality will help further other goals. An attempt to achieve the MDG's without promoting gender equality will decrease the likelihood of achieving other goals. Governments reaffirmed their conviction that progress for women is progress for all. This paper therefore seeks to examine the gender dimensions of progress toward the other MDG's; show the linkages between gender equality and MDG's and recommend directions for the country to make consistent and sustainable progress in closing gender gaps.

97. BRIDGING THE GENDER INEQUALITY GAP: CONCRETIZING THE MILLENNIUM DEVELOPMENT GOALS / RÉDUIRE LE FOSSÉ DE L'INÉGALITÉ DE GENRE: CONCRÉTISER LES OBJECTIFS DU MILLÉNAIRE POUR LE DÉVELOPPEMENT

Ethelbert Nwokocha

EMail: munwokocho@yahoo.com

Gender inequality remains one of the most facilitating factors of poverty; the latter phenomenon feminized in most societies. Disparities against females in access to formal education, credit facilities, and involvement in decision processes making have led to over-arching consequences on development especially in societies where women constitute about 50% of the entire population. This paper argues that development can only be meaningful when gender inequities are eliminated. By situating the Millennium Development Goals (MDGs) within this framework, the components of underdevelopment such as poverty and hunger; illiteracy; female powerlessness; high rate of

maternal and infant mortality; high incidence of diseases; environmental depletion among others, which affect females more, are genuinely tackled. The present analysis indicates that although MDGs have universal relevance, eliminating gender inequities should be undertaken within the prescribed socio-cultural norms and values of any community.

97. GENDER EQUALITY, HUMAN DEVELOPMENT AND DEMOGRAPHIC TRENDS: ARE THEY (JOINTLY) EVOLVING IN THE RIGHT DIRECTION? / L'ÉGALITÉ DE GENRE, LE DÉVELOPPEMENT HUMAIN ET LES TENDANCES DÉMOGRAPHIQUES: EVOLUENT-ILS ENSEMBLE DANS LA BONNE DIRECTION?

Ignacio Permanyer and Montse Solsona

EMail: inaki.permanyer@uab.es

The aim of this paper is two-fold. Firstly, we want to explore the evolution of gender equality in African countries for recent years using DHS and UN data. To do so, we will introduce multidimensional gender equality indices that are innovative on two counts: 1.Their methodological/technical definition and 2.The relevant dimensions that are taken into account. Secondly, we want to study the way in which gender equality levels evolve in time together with other important indices, like the human development index or some basic fertility and mortality indicators. This exercise constitutes an important empirical test to widespread theories (that motivate important policy programs) suggesting that higher gender equality must be accompanied by higher human development, lower fertility and lower mortality. Our findings suggest that, even if on average the aforementioned relationships hold, the evolution of these indicators towards certain target values has slowed down in the past few years.

97. “WOMEN’S PROPERTY RIGHTS AND GENDERED POLICIES: IMPLICATIONS FOR WOMEN’S LONG-TERM WELFARE IN RURAL TANZANIA” / LES DROITS À LA PROPRIÉTÉ DES FEMMES ET DES POLITIQUES RELATIVES AU GENRE: LES EFFETS À LONG TERME POUR LA SANTÉ ET LA RICHESSE EN MILIEU RURAL DE LA TANZANIE

Amber Peterman

EMail: apeterma@email.unc.edu

Can giving women property rights lead to long-term gains in health and welfare? This paper uses community-level women’s property and inheritance rights (WPIR) including land and wife inheritance to assess the significance on a variety of health and welfare outcomes. The analysis uses the Kagera Health and Development Survey (KHDS), a longitudinal panel from rural northern Tanzania collected from 1991-2004. The longitudinal nature of the data offers a unique opportunity to examine long- term effects of WPIR, which are commonly excluded from micro-level quantitative examination in developing countries due to data constraints. Econometric analysis is used to control mortality and mobility attrition in the panel using inverse probability weights and individual heterogeneity using a difference in difference model. Results point to specific policy changes which have the potential to raise the health and welfare of women and empower them to make strategic choices for themselves and their families.

98. DIFFERENTIAL AND DETERMINANTS OF PREVENTION AND TREATMENT OF MALARIA IN NIGERIA: A MULTILEVEL SPATIAL ANALYSIS / DÉTERMINANTS ET DIFFÉRENTIELS DE PRÉVENTION ET TRAITEMENT DU PALUDISME AU NIGERIA: UNE ANALYSE SPATIALE MULTI NIVEAU

Papiya Guha Mazumdar and Sumit Mazumdar

E-Mail: papiyaguha@rediffmail.com

Malaria in Nigeria is considered as one of the worst hits in Africa. To curb down the rate of malarial burden by 2010, the Federal Government of Nigeria is committed through the ongoing National Malaria Control Programme. The focus is on pregnant women and children; who are regarded as the major affected group. There is a need to understand the existing situation of preventive and curative measures taken among the target groups, its differentials and determinants across the regions. A multilevel analysis indicates poverty as the major predictor of the existing differentials, along with other individual, household and community co-variables. A significant spatial pattern of differentials and its determinants in preventive and curative coverage is observed through a Geographic Information System graphical representation. The paper provides important programme and policy directions in relation to malaria eradication in the country in near future.

98. MALARIA IN CHILDREN: IMPLICATIONS ON PRODUCTIVITY AND POPULATION GROWTH IN NIGERIA / LE PALUDISME DES ENFANTS: LES IMPLICATIONS SUR LA PRODUCTIVITÉ ET LA CROISSANCE DE LA POPULATION AU NIGERIA

Douglason G. Omotor and Augustus O Atubi

E-Mail: yomotor@yahoo.com

A human development effort, especially of children in Africa is one issue that may not be adequately discussed without a focus on malaria epidemic. Malaria is the most clinically important parasitic disease worldwide with estimate that there are 300million to 500million clinical cases annually. These numbers also result in approximately 1.5million to 2.7million deaths. The devastation caused by malaria illness is unique because of its enormous human suffering and economic costs. Malaria, though has been eradicated in temperate zones, it is still a public health threat to over forty percent of the world's population; and causes ninety percent mortality of children under five-years in sub-Saharan Africa. This paper examines these issues by concentrating on the productivity loss due to the epidemic and the implications on the Nigerian population growth. The paper posits malaria epidemic as a growing problem and that a partnership of all stakeholders is required to reverse the progression.

99. COMMUNICATION BETWEEN PARENTS AND CHILDREN ON RH/HIV/AIDS ISSUES IN SENEGAL / LA COMMUNICATION ENTRE LES PARENTS ET LES ENFANTS EN MATIÈRE DE SR/VIH/SIDA AU SÉNÉGAL

Alioune Diagne and Nafissatou Diop

E-Mail: diagnek2000@yahoo.fr

Au Sénégal la famille a une influence considérable dans le développement sain des adolescents. Dans ce pays, il y avait un système de régulation sociale des adolescents reposant sur les coutumes. Si ce modèle d'éducation a fonctionné pendant longtemps, il n'en demeure pas moins qu'il a tendance à disparaître. La conséquence en est la transformation des mécanismes traditionnels de régulation par la famille. L'objet de cette recherche est de rendre compte de la communication entre parents et enfants en matière de SR. Il s'agit de voir comment dans les familles sénégalaises

parents et enfants discutent-ils de ces questions? Pour ce faire, l'étude s'appuie sur données de "l'Enquête sur l'amélioration de la communication entre les parents et les adolescents en matière de SR» réalisée par le par Population Council. Cette enquête donne des informations concernant le niveau, la qualité, fréquence et l'environnement dans lequel les adolescents discutent avec leurs parents ou tuteurs.

99. THE EFFECTS OF HOUSEHOLD DISRUPTION ON THE RISK-TAKING BEHAVIORS OF SOUTH AFRICAN YOUNG PEOPLE / LES EFFETS DE LA PERTURBATION DES MÉNAGES SUR LES COMPORTEMENTS À RISQUE DES JEUNES GENS DE L'AFRIQUE DU SUD

Susan M Lee-Rife

EMail: susanml@umich.edu

Recent research estimates that one-third of South African young people are infected with HIV/AIDS. In such a context, anything that reduces condom use or control over sexual relationships can have life-threatening consequences. Household economic and contextual shocks—such as parental job loss and divorce—may be an important influence on adolescent risk-taking behaviors, but previous studies have not examined their influence. This paper examines the influence of household shocks on risky behaviors, including the use of condoms and contraception with recent sexual partners, non-monogamy, decision-making dynamics concerning condom usage, and substance use. Using data from two regionally representative surveys of South African young people, I investigate the effects of any household shock, multiple shocks, and whether there are threshold or non-linear effects. This dynamic approach to households will provide additional insight into adolescent behavior. My findings have implications for research, policies, and programming on adolescent health, social inequality, and gender.

99. THE IMPACT OF PARENTS' CONJUGAL CHOICES , ITS EFFECTS ON GENERATIONS AND THE HOUSEHOLD SIZE AT THE ENTRY INTO SEXUALITY / IMPACTS DE L'ENVIRONNEMENT FAMILIAL SUR L'ENTRÉE EN SEXUALITÉ DES ADOLESCENTS AU BURKINA FASO

Yode Miangotar

EMail: yode.miangotar@umontreal.ca

En Afrique, la relation entre le comportement sexuel des adolescents et leur milieu familial n'est pas suffisamment connue et spécifiée dans ses mécanismes. Pourtant, de nombreux individus dépendent des cadres familiaux pour leur éducation et leur socialisation. Cette recherche vise à identifier les déterminants familiaux de l'entrée en sexualité des burkinabès de 12-19 ans, aux moyens des données de l'enquête nationale sur les adolescents de 2004. L'initiation sexuelle de la moitié des adolescents est intervenue aux âges d'immaturité biologique et sociale. Sur sept variables de l'environnement familial, seuls le « type de famille » et la « survie des parents » ont pu prédire l'entrée en sexualité des filles. Aucune des sept variables n'a eu d'effet significatif sur l'entrée en sexualité des garçons. Ce sont les processus familiaux, en particulier le contrôle des adolescents et les relations parents-adolescents qui prédisent mieux l'entrée en sexualité des garçons et des filles.

99. EFFECTS OF FAMILY STRUCTURES IN CHILDHOOD AND ADOLESCENCE ON FIRST INTERCOURSE IN AN AFRICAN CONTEXT / LES EFFETS DES STRUCTURES FAMILIALES DE L'ENFANCE ET DE L'ADOLESCENCE SUR LE PREMIER RAPPORT (SEXUEL) DANS UN CONTEXTE AFRICAIN

Zacharie Tsala Dimbuene and Barthelemy D. Kuate

EMail: zafranc@yahoo.fr

Previous studies addressing the onset of sexual intercourse in Sub-Saharan Africa had adopted static approaches and focused mainly on individual factors, which can increase the likelihood of premarital sexual intercourse. They were often limited to female adolescents. These studies did not take into account the changes in family structures (prior to and during adolescence) and their effects on sexual outcomes during adolescence. Using cohort retrospective data from the 2002 Cameroon Family and Health Survey (CFHS) and discrete-time hazard models, this study investigates the relationships between changing family structures and premarital intercourse among male and female youth. The study takes a life course approach and assumes that premarital sexual intercourse depends on the broader context within which young people has lived. Three explanations commonly used in Western countries are tested in the African setting: the socialization, the social control and the instability and change hypotheses.

100. THE IMPACT OF HEALTH WORKERS ON HEALTH OUTCOME ACROSS SUB-NATIONAL UNITS IN SOUTH AFRICA. / IMPACT DES TRAVAILLEURS DE LA SANTÉ SUR LES RÉSULTATS DES SERVICES DE SANTÉ DANS LES UNITÉS SOUS-RÉGIONALES DE L'AFRIQUE DU SUD

Yohannes Kinfu

EMail: kinfuy@who.int

The achievement of key health-related MDGs depend critically on the performance of health systems, especially on the size, skills, and commitment of the health workforce. A number of studies have shown a positive association between health worker densities and population health using cross-national data. However, the evidence-base at sub-national level remains still limited, despite the uneven distribution of health workers within national boundaries, particularly in low-income and middle-income countries. Using data from the South African 2001 Population and Housing Census and a stochastic production frontier model, we show the extent to which variations in population health outcomes (such as infant and under five mortality rates) across districts in South Africa are correlated with the availability of health workers. The analysis will highlight how socio-economic conditions of the population moderate the ability of health workers to perform their tasks efficiently.

100. A COMMUNITY EMPOWERMENT SUCCESS STORY: NIGERIAN COMMUNITIES TAKING ACTION TO IMPROVE HEALTH AND EDUCATION / UNE EXPERIENCE REUSSIE EN MATIERE D'HABILITATION D'UNE COMMUNAUTÉ : DES COMMUNAUTÉS NIGÉRIANES AGISSENT POUR AMÉLIORER LA SANTÉ ET L'ÉDUCATION

Ma-Umba Mabiala and Marcie Rubardt

EMail: mabiala_maumba@yahoo.com

Nigeria's high levels of poverty lead to poor health care and inadequate educational systems. Increasing dependency on the government and lack of civil society participation worsen the problems of accessing quality services. Community Participation for Action in the Social Sector

(COMPASS) is a five-year USAID-funded project designed to improve the quality of health care and education in Nigeria's communities. After three years of implementation, we want to share the experience of using the Community Action Cycle (CAC) approach and the Partnership Defined Quality (PDQ) methodology to empower less privileged communities and help them improve their standard of living. The session will share challenges and lessons learned in forming community coalitions in resource poor settings and in building partnerships between community members and service providers and communities and local governments. We'll also explore steps that are being taken to ensure sustainability of the community efforts.

100. POPULATION DYNAMICS AND HUMAN DEVELOPMENT INDEX IN SELECTED AFRICAN COUNTRIES: TRENDS AND LEVELS / DYNAMIQUE DE POPULATION ET L'INDICE DE DÉVELOPPEMENT HUMAIN DANS DES PAYS AFRICAINS SÉLECTIONNÉS :TENDANCES ET NIVEAUX

Nader Motie Haghsheenas, Arezou Sayadi, Nahid Salehi and Sahel Taherianfard

EMail: nader_m_h@yahoo.com

The low level of HDI in African's countries has been affected by high population growth rate. World statistics show that African countries are in low level of HDI ranking, so that HDI for these countries in 2004 was 0.43 and the annual growth rate for 1975-2004 was 2.7. In contrast in the other regions at high HDI ranking, HDI and annual growth rate were 0.89 and 1.1, respectively. This study aims to describe the trends and Levels of demographic variables and HDI in Niger, Sudan, Egypt and Morocco. Data base is taken from annual report of UNDP for the year 2006. The results explain that there are fluctuations in their population composition, and net effect of demographic elements. The HDI has been changed gradually in selected African countries. Population health indices among these countries, confirms a progress in medical care system. Yet, the level and trend of these indices are facing challenges.

100. DECOMPOSING THE PROGRESS OF CHILD NUTRITION RELATED MILLENNIUM DEVELOPMENT GOALS (MDGS) FOR SUB-SAHARAN AFRICA (SSA): IMPORTANCE OF SOCIOECONOMIC INEQUALITY, EDUCATION AND NUTRITION INTERVENTIONS DÉCOMPOSER LES PROGRÈS RÉALISÉS EN MATIÈRE DE NUTRITION DES ENFANTS AU NIVEAU DES OBJECTIFS DU MILLÉNAIRE POUR LE DÉVELOPPEMENT (OMD) EN AFRIQUE SUB-SAHARIENNE: L'IMPORTANCE DE L'INÉGALITÉ SOCIO-ÉCONOMIQUE, DE L'ÉDUCATION ET DES INTERVENTIONS DANS LE SECTEUR DE LA NUTRITION

Monika S Sawhney and Mahmud Khan

EMail: msawhne@tulane.edu

The paper decomposes the progress in child nutrition for the SSA countries by considering the rate of economic progress, inequality in wealth distribution and educational status of women. For this analysis, macroeconomic data on income and income distribution were obtained from various sources. Additional data on food security, use of child health services, status of women, etc., were obtained from the Demographic Health Survey data. The results indicate the importance of economic progress in improving child nutritional status. The marginal effect of economic growth on child nutrition was so small that growth based strategies must be combined with other interventions to affect child nutritional status significantly. Combined effect of rapid economic growth (6% per year) and reduction in inequality (by lowering inequality index by 10% per year) will still be inadequate. Therefore, Africa needs to identify alternative social and educational interventions for rapid improvements in this MDG.

100. WOMEN INFORMAL EMPLOYMENT AND ECONOMIC DEVELOPMENT IN AFRICA: OPPORTUNITIES AND CHALLENGES / EMPLOI INFORMEL DES FEMMES ET DÉVELOPPEMENT ÉCONOMIQUE EN AFRIQUE: LES DÉFIS ET LES OPPORTUNITÉS

Arezou Sayadi, Nahid Salehi, Sahel Taherianfard and Nader Motie Haghsheenas

E-Mail: arezousayadi@yahoo.com

Informal employment is generally large source of employment for women and has grown very fast in Africa. According to available statistics, women who are working in informal employment in North Africa comprise 43 percent of total women employment while in Sub-Saharan Africa, it' is estimated at 84 percent. Owing to remarkable differences between these regions, and correlation between women employment and economic development, this study seems necessary. The article aims to determine the correlation between women informal employment and economic development. This article is based on documentary study in Africa. Data sources are taken from UN, ILO, UNDP, and World Bank. Furthermore, the other sources having appropriate information may be used. According to other studies, it seems that although women employment paves the way for economic development and ultimately sustainable development, there is difference between the sectors women are working in, and whether women affect on production and link with economic development or not.

INTERNATIONAL Family Planning Perspectives

International Family Planning Perspectives, a peer-reviewed research journal on sexual and reproductive health published by the Guttmacher Institute, is now celebrating its 33rd year of serving researchers, policymakers, program administrators and service providers in developing countries.

The contents of the journal are available at no charge on the Institute's Web site.

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Venture Strategies is a nonprofit organization created to improve the health of low income people in resource-poor settings, by making use of local market forces around the world. We focus on opportunities for achieving sustainable systemic change. Venture Strategies works closely with the School of Public Health in the University of California, Berkeley which serves as our academic and scientific link, providing the data and analyses underlying our initiatives. We implement programs in population, family planning & maternal health.

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At the request of countries' ministries of health and leading health care providers, Venture Strategies is facilitating the registration of misoprostol for postpartum hemorrhage—the life-threatening bleeding after childbirth that is the leading cause of maternal deaths in developing countries throughout Africa and Asia.

Population & Family Planning

Venture Strategies' president was recently advisor to the UK Parliamentary hearings published in 2007 as Return of the Population Growth Factor: Its Impact on the Millennium Development Goals.

In collaboration with the University of California, Berkeley we have completed the first comprehensive review of the many types of barriers standing between low income women around the world and the family planning methods they want. We are now assembling the evidence of the safety of, and need for, the delegation of many medical tasks to frontline health workers in settings where clinics are unavailable to the poor.

Venture Strategies considers it a privilege to be able to participate in this important UAPS conference in Arusha.

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The Editor
African Journal of Reproductive Health
4, Alofoje Avenue, Off Uwasota Street,
P. O. Box 10231, Ughowo,
Benin City, Edo State, Nigeria.
Website – www.ajrh.info
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Groundbreaking evidence on youth and HIV prevention

Join us for a full presentation of key findings,
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Protecting the Next Generation: Understanding HIV Risk Among Youth, will be held in the Mbayuwayu Room at the Arusha International Conference Center between 4.30pm-6.30pm.

Six years ago, the Guttmacher Institute and nine regional partners embarked on Protecting the Next Generation, an ambitious project to establish a base of policy-relevant evidence on young people in Sub-Saharan Africa and their sexual and reproductive health. We asked more than 20,000 adolescents in Burkina Faso, Ghana, Malawi and Uganda to describe their lives, worries, sources of information about pregnancy prevention and HIV prevention, and sources of health services.

We found that—

- Adolescents' knowledge is broad but not deep. The vast majority of young people in Burkina Faso, Ghana, Malawi and Uganda have heard of HIV, but many lack in-depth knowledge of how the disease is spread.
- Young people trust the formal sector. Young Africans cite doctors, nurses and teachers as trusted sources of health information and say they prefer to receive health services from government clinics.
- The very young are not naive. While most younger adolescents have not yet had sex, by the time they are fifteen years old nearly all have heard of it, some have sexually experienced friends and many have experimented with kissing and fondling.

In addition to presentations on major findings from this study, we will launch a special issue of the African Journal of Reproductive Health which has exclusively published articles based on this study as well as a comparative monograph on the study at the workshop. A cocktail reception will be held immediately afterward.

For more information on the Institute's work on young people and HIV, please contact nextgeneration@guttmacher.org. Protecting the Next Generation: Understanding HIV Risk among Youth is supported by the Bill and Melinda Gates Foundation, the Rockefeller Foundation and the National Institute of Child Health and Human Development (Grant 5 R24 HD043610).

MINNESOTA POPULATION CENTER

IN COOPERATION WITH THE NATIONAL BUREAU OF STATISTICS OF TANZANIA

is pleased to announce the signing of a Memorandum of Understanding for the integration and dissemination of high precision samples of the Population and Housing Censuses of Tanzania

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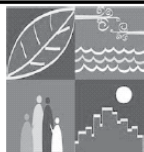
A global collaboratory to integrate the census microdata of the world is underway in partnership with the following African statistical authorities:

Egypt	Central Agency for Public Mobilisation and Statistics
Ethiopia	Central Statistical Agency
Ghana	Ghana Statistical Services
Guinée (Conakry)	National Institute of Statistics
Kenya *	Central Bureau of Statistics
Lesotho	Bureau of Statistics
Madagascar	Institut National de la Statistique
Malawi	National Statistical Office
Mali	Direction Nationale de la Statistique et de l'Informatique
Mauritius	Central Statistical Office
Rwanda *	National Institute of Statistics
Sierra Leone	Statistics Sierra Leone
South Africa *	Statistics South Africa
Sudan	Central Bureau of Statistics
Tanzania	National Bureau of Statistics
Uganda *	Bureau of Statistics

* Samples currently available for these countries at: <http://international.ipums.org>

Statistical agencies, research centers and universities interested in participating in the IPUMS initiative are cordially invited to visit our booth or contact Dr. Matt Sobek, sobek@pop.umn.edu.





The International Society for Urban Health

Founded in 2002, the International Society for Urban Health (ISUH) is an association of researchers, scholars, and professionals from various disciplines and areas of the world who are interested in the health effects of urban environments and urbanization.

The goal of the ISUH is to encourage research, interventions, policies, and program evaluations that lead to healthier and more sustainable cities and reduced health disparities for urban populations in the twenty-first century.

ISUH Today

ISUH aims to facilitate the exchange of perspectives, research methods, and data on the study of diseases in urban areas; to study the effects of urbanization on health; and to evaluate and help develop programs that lessen urban health risks and promote well-being of people living in urban areas.

Urban health is an emerging field of study that focuses on the health of urban residents. Important changes in patterns of disease and disability have been noted in urban populations, encouraging health professionals to expand their vision to include social and economic determinants of health.

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Membership in ISUH includes:

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Visit www.isuh.org

Upcoming Conferences

ISUH sponsors an annual International Conference on Urban Health (ICUH) hosted in a different world city each year. ICUH is meant to foster information exchange and networking among academics, practitioners and community with an emphasis on disease prevention and health promotion. The annual general ISUH membership business meeting is also held at the conference. ICUH 2008, to take place in Vancouver, Canada will focus on Knowledge Integration: Successful Interventions in Urban Health. Find out more at www.icuh2008.com.

ICUH 2009 will take place at the end of October 2009 in Nairobi, Kenya.

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Contact Andrew Quinn at aquinn@nyu.edu to learn more about the exciting benefits and opportunities that ISUH offers.



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The **Southern African Journal of Demography** is a peer-reviewed journal dedicated to the demography of the region. While its focus is on the quantitative analysis of the population dynamics of Southern Africa, the journal also publishes articles relating to factors affecting the growth and structure of regional populations, including the derivation of demographic estimates from deficient data and their interpretation and contextualisation.

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The journal is published on behalf of PASA, the Population Association of Southern Africa

Southern African Journal of Demography

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