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Desire for Another Child among Partnered Women of reproductive age (15-49) in Burkina Faso: Evidence from the 2021 Demographic and Health Survey

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Abstract: While global fertility rates have declined from 5.0 to 2.3 children per woman since 1950, sub-Saharan Africa maintains rates above 4.0, with Burkina Faso at 4.4. Unlike East Asian or Latin American countries that experienced rapid fertility declines within 2-3 decades, West African nations show persistently high fertility despite decades of family planning programs. Existing studies focus predominantly on contraceptive use or completed fertility, leaving underexplored the specific factors shaping fertility desires among women who have already begun childbearing—a critical group for understanding ongoing reproductive decision-making. This study aimed to identify factors associated with the desire for another child among partnered women who are already mothers. Understanding these determinants is crucial for guiding reproductive health policies in a context of an incomplete demographic transition. A secondary analysis of data from the Burkina Faso Demographic and Health Survey was performed on 11,899 partnered women aged 15–49 with at least one living child. Descriptive analyses and multivariate logistic regression were used to identify associated factors. Among the women surveyed, 69.2% desired another child. Multivariate analysis revealed that age was the most predictive factor: women aged 40–49 had 94.5% lower odds of wanting another child compared to those aged 15–29 (AOR=0.055; 95% CI: 0.046–0.066). Ethnicity (Peulh, Gourmantché, Bissa), Muslim religion (AOR=1.15), and a secondary or higher education level (AOR=1.275) were also associated with an increased desire. The ideal number of children showed an exponential relationship (AOR=9.092; 95% CI:4.718–17.519) for five children. Partner or male involvement in health decisions significantly increased the desire for a child compared to female-only decisions. The strong desire for children reflects the persistence of pro-natalist norms and a slow demographic transition. Contrary to expectations, education appears to foster "planned fertility" rather than a reduction in the desire for children. Couple dynamics and cultural factors play a crucial role. These findings call for integrated reproductive health interventions, including education, access to contraceptives, and male engagement, tailored to local socio-cultural contexts.

Keywords: Fertility desire, associated factors, reproductive health, partnered women, demographic transition, Burkina Faso

Introduction

The desire for an additional child among women is a complex and multidimensional phenomenon situated at the intersection of individual, relational, socio-cultural, and economic factors (Gilligan, 1982; Lesthaeghe, 2010). A contemporary integrative approach, inspired by the bioecological model (Bronfenbrenner, 2005), proposes conceptualising this desire as a dynamic process that evolves over the life course, influenced by macrosocial (public policies, religious norms), mesosocial (community networks, access to services), and microsocial (personal history, reproductive health) factors. This multidimensional conceptualisation enables a comprehensive understanding of the complex determinants shaping the desire for an additional child in specific cultural contexts, such as that of Burkina Faso.

Furthermore, many studies in demography and public health have analysed the determinants of fertility in sub-Saharan Africa, highlighting the influence of socioeconomic, cultural, and individual factors (Bocquier, 2005a; Bongaarts, 2017; Bongaarts & Casterline, 2013; Cleland et al., 2006a; Götmark & Andersson, 2020; Guengant & May, 2013; Sánchez-Páez & Schoumaker, 2022; Sedgh & Hussain, 2014; Upadhyay et al., 2014). Indeed, the work of Bongaarts and Casterline (2013) underscores the central role of socioeconomic factors in the persistence of high fertility levels (Bongaarts & Casterline, 2013). Women's educational attainment emerges as the most significant determinant, with a well-documented inverse relationship between years of schooling and the desired number of children (Bongaarts & Casterline, 2013; Garenne, 2008b).

Cultural and institutional factors play an equally crucial role in determining reproductive behaviours. In many sub-Saharan societies, high fertility remains highly valued as a marker of social status, particularly for women. These cultural dynamics partly explain the slow pace of demographic transitions in the region (Lesthaeghe, 2014; Tabutin & Schoumaker, 2004).

Access to reproductive health services and the quality of family planning programs constitute another major determinant. As demonstrated by previous studies, the gap between stated reproductive intentions and actual behaviours is often explained by structural barriers to contraceptive access (Cleland et al., 2006a; Sedgh & Hussain, 2014). These findings underscore the critical role of health systems in fertility regulation.

Urbanisation and economic transformations are gradually altering reproductive patterns. The urban environment, with its economic constraints and educational opportunities, tends to favour lower fertility through several mechanisms: the high cost of child-rearing, improved access to reproductive health services, and shifting social aspirations (Bocquier, 2005a; Sánchez-Páez & Schoumaker, 2022).

Finally, recent theoretical approaches, such as the "reproductive capabilities" model, integrate these various factors into a unified conceptual framework. This body of work emphasises the importance of simultaneously considering individual (decision-making autonomy), relational (power dynamics within the couple), and structural (public policies) dimensions to understand fertility dynamics (Guengant & May, 2013; Upadhyay et al., 2014). The comparative studies by Guengant

and May (2013) show that African countries that have experienced significant fertility declines are those in which these different levels of determinants have evolved concurrently, suggesting the necessity of multisectoral interventions to support ongoing demographic transitions (Guengant & May, 2013).

Research Problem

While global fertility rates have declined from 5.0 to 2.3 children per woman since 1950, sub-Saharan Africa maintains rates above 4.0. Unlike East Asian or Latin American countries that experienced rapid fertility declines within 2-3 decades, West African nations show persistently high fertility despite decades of family planning programs. Fertility in Burkina Faso remains among the highest in sub-Saharan Africa, with a total fertility rate of 4.4 children per woman in 2021 (Institut National de la Statistique et de la Démographie & ICF international, 2023).

Although progress has been made in contraceptive access, a significant proportion of women (71.2%) still express a desire to expand their family (Institut National de la Statistique et de la Démographie & ICF international, 2023). However, existing studies focus predominantly on contraceptive use or completed fertility, leaving underexplored the specific factors shaping fertility desires among women who have already begun childbearing—a critical group for understanding ongoing reproductive decision-making. Analysing these determinants can help better target interventions in reproductive, maternal, and child health.

Research Focus

In a context characterised by rapid population growth and persistent socio-economic challenges, understanding the factors associated with the desire for an additional child among women with at least one living child is essential for guiding reproductive health policies and for anticipating future fertility trends within the framework of a still incomplete demographic transition. This research focuses on three interconnected dimensions: (1) the relative weight of socio-cultural versus economic factors in shaping fertility desires; (2) the role of male partners' characteristics and conjugal decision-making patterns; and (3) the apparent paradox whereby education increases rather than decreases fertility desires in this context.

Research Aim and Questions

This study aims to identify the key microsocial and macrosocial factors associated with the desire for an additional child among partnered, parous women in Burkina Faso. By analysing the recent national data, we seek to identify the subgroups of women most likely to desire another child. Addressing this critical knowledge gap is necessary for developing contextually appropriate reproductive health policies that can effectively respond to the complex motivations underlying fertility desires. The following research question guided the analysis:

1. What are the primary sociodemographic and socioeconomic factors associated with the desire for an additional child among partnered mothers in Burkina Faso?

2. How do conjugal decision-making dynamics influence fertility desires when controlling for individual characteristics?
3. Does the relationship between education and fertility desires differ from patterns observed in other sub-Saharan African countries?
4. What role do ideal family size preferences play in mediating the relationship between structural factors and fertility desires?

Literature review / Theoretical Overview

Fertility desire, defined as the subjective intention to have a child (or an additional child) in the near or distant future, is a key determinant of population dynamics. Among women who are already mothers, this desire, in a union, results from a complex interaction among individual, conjugal, familial, socio-cultural, and socio-economic factors. The study of these factors is often framed within the theoretical framework of the "Theory of Planned Behaviour" (Ajzen, 1991) and cost-benefit economic approaches (Becker, 1960; Willis, 1974). These models postulate that the decision to procreate is a rational choice that weighs expected benefits (emotional fulfilment, family continuity) and perceived costs (financial constraints, sacrificed professional opportunities).

Socio-demographic characteristics constitute major explanatory variables. The woman's age is the most predominant factor. Indeed, the desire for an additional child decreases significantly with advancing age, due to biological constraints and a sense of having completed one's family (Bongaarts, 2001, 2015; Bongaarts & Casterline, 2018; Hayford & Agadjanian, 2019). Furthermore, the probability of desiring another child is inversely proportional to existing parity. The desire diminishes sharply after the second child, often reflecting the two-child norm (Bongaarts, 2011; Hayford, 2009; Hayford & Agadjanian, 2019; Thomson et al., 2002).

Educational level exhibits a complex relationship with fertility desires. Women with no formal education and those with only a primary level of education typically manifest the highest fertility desires, reflecting adherence to traditional pro-natalist norms and lower utilisation of family planning services (Bongaarts, 2020). However, the effect of secondary and higher education level becomes markedly reductive on the desire for an additional child. This effect is explained by increased professional opportunities and the associated opportunity costs of motherhood, the adoption of modern values regarding ideal family size, and better access to contraceptive information and services (Garenne, 2012; Kebede et al., 2022). Thus, more highly educated women tend to have lower fertility desires, as they invest more in their careers and associate childrearing with higher opportunity costs (Guzzo & Hayford, 2020).

Regarding the partner's educational level, its effect is more complex and must be analysed in interaction with the woman's. Generally, a more educated man tends to have a moderating influence on fertility desires, often associated with a better economic situation that could theoretically support a larger family, but which is counterbalanced by the adoption of smaller family norms (Berrington & Pattaro, 2014; Godefroy & Lewis, 2018). The most significant configuration for reducing the desire for an additional child occurs when both partners have a high level of education and convergent aspirations. This educational homogamy fosters better conjugal communication regarding family

planning and shared decision-making. Conversely, educational discrepancies create tensions: an educated woman with a less educated partner may see her wish to limit births thwarted by her husband's pro-natalist preferences, in a context where male decision-making power often remains predominant in reproductive spheres (Bankole & Singh, 1998; Diro & Afework, 2013).

Regarding conjugal dynamics and the partner's influence, numerous studies have shown that the structure and quality of the union profoundly influence fertility intentions. Indeed, the duration of marriage or union is associated with a decrease in the desire for children, as couples postpone or abandon their plans over time. Marital status is also significant. Women in consensual unions (cohabitation) often express weaker and more uncertain fertility desires than married women, possibly reflecting a lower perceived stability of the relationship (Thomson et al., 2002). The partner's desires are also crucial for childbearing intentions. The literature demonstrates that concordance between the wishes of both spouses is a powerful predictor of the realisation of the desire for additional children (Aguirre, 2007; Bankole & Singh, 1998; Dodo, 1998; Dodo & Frost, 2008). Conversely, disagreement can lead to the postponement or abandonment of the desire for another child (Aguirre, 2007).

The weight of economic and employment factors also plays a significant role among the explanatory factors for the desire for an additional child. Indeed, the household's economic situation and the woman's occupational activity are central elements in the decision-making equation. Financial insecurity and unemployment are generally powerful deterrents to the desire for an additional child (Caldwell, 2005a; Shapiro, 2018; Trinitapoli & Yeatman, 2017). In contrast, perceived financial stability and positive economic prospects are associated with stronger desires (Friedman et al., 1994). The woman's situation in the labour market is ambivalent: employment, especially if it is stable and well-paid, can be a favourable factor, but it can also increase work-family conflict and opportunity costs, thereby reducing the desire for childbearing, particularly for mothers who are already employed (Mills et al., 2011).

Regarding the role of social, cultural, and gender norms in explaining the desire for children, several studies have shown that, beyond individual considerations, fertility desires are embedded within a powerful normative context

(J. C. Caldwell, 1982; Rossier & Bollmann, 2017). Religious norms can encourage higher fertility, particularly in contexts where pro-natalist values are strong. Social and familial pressures, especially from in-laws to have a male child or an additional child, can significantly influence women's desires (Bühler & Fratzczak, 2007). Finally, the unequal distribution of domestic and parental chores within the couple can dampen women's desire for children. When they bear a disproportionate mental and physical burden, the perceived cost of an additional child increases considerably (McDonald, 2000).

Previous studies have also demonstrated that the health and sex of existing children, along with the woman's reproductive history, play a non-negligible role in the desire for an additional child. Indeed, infant and child mortality is a significant factor in certain contexts. According to Trinitapoli et al. (2018), the loss of a child can reignite the desire for a new birth to "replace" the deceased child

(Trinitapoli & Yeatman, 2018). The sex of the existing offspring remains an essential determinant in many societies. An imbalance in the sex composition (for example, the absence of a son) can motivate the desire for an additional child to achieve the desired family composition (Bongaarts, 2001). Furthermore, complications during a previous pregnancy or delivery can also affect subsequent fertility desires (Shorey et al., 2018; Tan et al., 2013).

Research Methodology

General Background

This cross-sectional study utilised data from the 2021 Burkina Faso Demographic and Health Survey (DHS-BF 2021). This survey, initiated by the Government of Burkina Faso and implemented by the National Institute of Statistics and Demography (Institut National de la Statistique et de la Démographie - INSD) with technical support from ICF International, aimed "to collect, analyse, and disseminate data on population and family health, to evaluate the impact of implemented programs, and to plan new strategies for improving the health and well-being of the population."

This database contains a fertility preferences module with a rich set of variables suitable for studying factors associated with the desire for an additional child. The collected data enabled an assessment of the magnitude of the phenomenon by providing information on the prevalence of the desire for another child among the surveyed women and men. This study, therefore, used secondary data from the EDS-BF 2021, a nationally representative cross-sectional survey conducted among 17,565 women aged 15-49 and 7,247 men aged 15-59.

Participants / Sample

The analytical sample for this study was restricted to all women of reproductive age (15-49 years) who were in a union (formally married or in a consensual union) and had at least one living child at the time of the survey. Women who were widowed, divorced, separated, or never in a union were excluded from the analysis, as the study focuses on fertility dynamics within active partnerships. Additionally, women with no living children were excluded to analyse the desire for an additional child among mothers specifically. After applying these inclusion and exclusion criteria, a final sample of 11,899 women was retained for analysis.

Study Variables

The dependent variable for this study was the desire for more children among partnered women with at least one living child at the time of the survey. For analytical purposes, this variable was coded as follows: 1 if the woman expressed a desire to have another child (regardless of timing) and 0 otherwise.

The selection of independent variables for this study was based on previous research on the determinants of fertility and their availability in the dataset used (Bocquier, 2005b; Bongaarts, 2017; Bongaarts & Casterline, 2013; Cleland et al., 2006b; Götmark & Andersson, 2020; Guengant & May, 2013; Sedgh & Hussain, 2014; Shapiro & Gebreselassie, 2008; Upadhyay et al., 2014). The

independent variables hypothesized to explain the desire for an additional child included: contextual factors (Place of residence (urban/rural) and region of residence), institutional factors (Accessibility of health services), sociocultural factors (Religion and ethnicity), socioeconomic factors (Household wealth quintile, woman's and partner's economic activity status, woman's and partner's educational attainment), demographic factors (Woman's age, woman's number of living children), intra-couple gender dynamics (Woman's participation in decisions regarding her own health, and pressure from the husband or a family member for the woman to become pregnant) and intermediate variables (Fertility preferences of the woman or her partner, average parity of women and exposure to media).

Data Analysis

The methodological approach combined descriptive analysis of sociodemographic disparities with multivariate analysis to identify the independent predictive factors of the desire for another child.

A descriptive analysis was conducted to assess sociodemographic disparities in the prevalence of the desire for another child among partnered women with at least one living child at the time of the 2021 survey. The prevalence of the desire for an additional child was calculated and presented in tables according to key sociodemographic characteristics. The Chi-square test ($p < 0.05$) was used as the measure of association to assess the relationship between the desire for an additional child and selected sociodemographic characteristics.

A binary multivariate logistic regression model was used to analyse the desire for another child and the mother's socio-cultural and socio-economic factors, including all the necessary covariates, such as partners' characteristics and conjugal decision-making patterns. The multivariate logistic regression produced the relationship between the desire for another child and the mother's socio-cultural and socio-economic factors, as well as all covariates, such as partners' characteristics and conjugal decision-making patterns, at the 5% significance level. This methodological choice is suited to the dichotomous nature of the dependent variable. The model allows analysis of the simultaneous effects of multiple independent variables while controlling for confounding effects. For instance, it can distinguish the independent effects of the mother's educational attainment, region of residence, and ethnicity on the desire for another child by adjusting the results to mitigate bias arising from correlations among these factors. This approach ensures a rigorous identification of the individual, structural, and contextual factors associated with the desire for another child.

Ethical Considerations

This study was based on an analysis of secondary data, without using information that would reveal the participants' identities. ICF International and the national ethics committee in each host country approved all DHS surveys. All participants provided written informed consent before participating in the survey. This study did not require additional ethical approval; however, we obtained written permission from the DHS program to use the data for this purpose.

Results

Sample description

The study included 11,899 partnered women with at least one living child, the majority (69.2%) of whom expressed a desire to have another child. The population was relatively young, with 39.5% of women aged 15-29 and 37.2% aged 30-39. A low level of educational attainment was observed, with 72.4% of women having no formal education, while only 14.9% had completed secondary or higher education. The ethnic composition was dominated by the Mossi (54.8%), followed by the Fulani (7.5%), Gourmantché (5.9%) and Bissa (5.8%) (Table 1).

The population was predominantly Muslim (65.8%) and rural (73.4%). The agricultural sector employed 35.8% of women, while 34.2% were unemployed. Access to healthcare was reported as problematic by 70.9% of respondents. Media exposure remained limited, with 43.6% having low exposure and 30.5% having no exposure. Households were primarily male-headed (92%), and the distribution of wealth levels was balanced across quintiles (ranging from 19.3% to 20.8% per category). The Centre region was the most represented (16.5%), while the Sahel had the lowest representation (2.6%). The other regions had proportions ranging from 3.2% (Cascades) to 10.7% (Centre-Est).

Table 1

Sociodemographic characteristics of partnered women aged 15-49 with at least one living child, based on data from the Burkina Faso Demographic and Health Survey.

Sociodemographic characteristics	n	Percentage (%)
Want another child		
No	3,668	30.8
Yes	8,231	69.2
Generation of women		
15-29 years	4,694	39.5
30-39 years	4,426	37.2
40-49 years	2,779	23.4
Women's educational level		
No education	8,620	72.4
Primary	1,509	12.7
Secondary &+	1,773	14.9
Ethnicity of the woman		
Mossi	6,522	54.8
Bobo	379	3.2
Fulani	893	7.5
Gourmantché	700	5.9
Gourounsi	669	5.6
Lobi/ Dadara	324	2.7
Senufo	252	2.1
Bissa	692	5.8
Other ethnicities	1,467	12.3
Religion of women		

Sociodemographic characteristics	n	Percentage (%)
Christian	3,578	30.1
Muslim	7,831	65.8
Animist/other	490	4.1
Women's occupation		
Unemployed	4,051	34.2
Skilled employment	402	3.4
Trade/Services	2,522	21.3
Agriculture	4,243	35.8
Manual work	645	5.4
At least one problem with access to health care		
No	3,460	29.1
Yes	8,439	70.9
Degree of media exposure		
Null	3,625	30.5
Weak	5,189	43.6
Average	2,817	23.7
Hight	270	2.3
Gender of head of household		
Man	10,941	92.0
Women	958	8.1
Household economic well-being level		
Poorest	2,327	19.6
Poorer	2,335	19.6
Middle	2,471	20.8
Richer	2,469	20.8
Richest	2,297	19.3
Place of residence		
Urban	3,170	26.6
Rural	8,729	73.4
Region of residence		
Centre	1,961	16.5
Cascades	385	3.2
Boucle du Mouhoun	1,220	10.3
Centre-Est	1,272	10.7
Centre-Nord	1,125	9.5
Centre-Ouest	1,197	10.1
Centre-Sud	508	4.3
Est	852	7.2
Hauts Basins	1,175	9.9
Nord	740	6.2
Plateau Central	745	6.3
Sahel	313	2.6
Sud-Ouest	407	3.4
N	11,899	100.0

Source: Author's own development.

Bivariate descriptive analysis of the factors of the desire for an additional child among partnered women

The analysis reveals a substantial variation in the desire for another child by age, with 94% of women aged 15-29 wishing to have another child, compared to only 25.2% of those aged 40-49 ($p < 0.001$). Educational attainment significantly influences this desire, with 82.6% of women with secondary or higher education wanting an additional child, compared to 65.5% of women with no education ($p < 0.001$). Ethnic differences are pronounced, with the Gourmantché (81%) and Bissa (78%) showing the highest proportions, compared to 63.1% among the Bobo ($p < 0.001$) (Table 2).

Occupational status shows significant variation, with 73.3% of women in manual employment desiring a child, compared to 64.9% in commerce/services ($p < 0.001$). Parity strongly influences the desire for a child, with 96.7% of women with 1 child wishing to expand their family, compared with 49.2% of those with 4 or more children ($p < 0.001$). The partner's educational level also plays an important role, with a stronger desire among women with educated partners (77.7%) than among those with uneducated partners (66.7%; $p < 0.001$).

The region shows significant disparities: the East (80.1%) and Sahel (75.9%) have the highest percentages, while Boucle du Mouhoun (63.8%) and Centre-Ouest (63.4%) have the lowest ($p < 0.001$). Household wealth level moderately influences the desire for a child ($p = 0.013$), with wealthy households (71.4%) being more inclined to want a child than the very poor (68%). It is noteworthy that 70.9% of women whose partner decides alone on healthcare wish for a child, compared to 59% when the woman decides alone ($p < 0.001$) (Table 2).

Table 2

Descriptive results of the desire for an additional child according to selected sociodemographic characteristics among partnered women aged 15-49 with at least one child, based on data from the Burkina Faso Demographic and Health Survey

Sociodemographic characteristics	n	Want another child (%)	Ki-Square Probability
Generation of women			
15-29 years	4,694	94.0	p<0.001
30-39 years	4,426	70.4	
40-49 years	2,779	25.2	
Educational level of women			
No education	8,620	65.51	p<0.001
Primary	1,509	74.3	
Secondary &+	1,773	82.62	
Ethnicity of the woman			
Mossi	6,522	66.8	p<0.001
Bobo	379	63.1	
Fulani	893	72.8	

Sociodemographic characteristics	n	Want another child (%)	Ki-Square Probability
Gourmantché	700	81.0	
Gourounsi	669	68.4	
Lobi/ Dadara	324	71.5	
Senufo	252	70.7	
Bissa	692	78.0	
Other ethnicities	1,467	68.7	
Religion of women			
Christian	3,578	66.6	p<0.001
Muslim	7,831	70.7	
Animist/other	490	63.4	
Women's occupation			
Unemployed	4,051	70.3	p<0.001
Skilled employment	402	65.9	
Trade / Services	2,522	64.9	
Agriculture	4,243	70.2	
Manual work	645	73.3	
At least one problem with access to health care			
No	3,460	71.4	0.002
Yes	8,439	68.3	
Degree of media exposure			
Null	3,625	69.2	0.027
Weak	5,189	68.0	
Average	2,817	71.0	
Hight	270	72.2	
Spouse's education level			
No education	8,903	66.7	p<0.001
Primary	1,387	75.1	
Secondary &+	1,611	77.7	
Spouse's occupation			
Unemployed	1,530	59.8	p<0.001
Skilled employment	960	71.2	
Trade / Services	1,766	74.4	
Agriculture	5,312	65.8	
Manual work	2,306	78.4	
Average parity of women			
1 child	1,841	96.7	p<0.001
2 children	2,017	92.2	
3 children	2,036	80.5	
4 children & +	6,007	49.2	

Sociodemographic characteristics	n	Want another child (%)	Ki-Square Probability
Ideal number of children desired			
1	83	35.4	p<0.001
2	93	48.1	
3	553	65.8	
4	1,524	71.2	
5	2,441	72.2	
6 children &+	6,006	70.6	
Non-numeric response	1,199	58.7	
The husband or a family member pressured the wife to become pregnant			
No	10,995	69.5	0.053
Yes	904	65.7	
Person who decides on women's health care			
The woman alone	1,595	59.0	p<0.001
The wife and the spouse	2,320	70.4	
The spouse alone	7,832	70.9	
Other people	152	67.5	
Gender of head of household			
Man	10,941	68.9	0.142
Women	958	71.8	
Household economic well-being level			
Poorest	2,327	68.0	0.013
Poorer	2,335	67.5	
Middle	2,471	68.6	
Richer	2,469	71.4	
Richest	2,297	70.3	
Place of residence			
Urban	3,170	69.7	0.603
Rural	8,729	69.0	
Region of residence			
Centre	1,961	69.1	p<0.001
Cascades	385	73.1	
Boucle du Mouhoun	1,220	63.8	
Centre-Est	1,272	73.6	
Centre-Nord	1,125	68.5	
Centre-Ouest	1,197	63.4	
Centre-Sud	508	64.6	
Est	852	80.1	
Hauts Basins	1,175	69.8	
Nord	740	65.4	

Sociodemographic characteristics	n	Want another child (%)	Ki-Square Probability
Plateau Central	745	67.9	
Sahel	313	75.9	
Sud-Ouest	407	72.0	
N	11,899	69.2	

Source: Author's own development.

The desire for another child decreases dramatically with a woman's age. This desire is also strongly influenced by parity. Furthermore, significant variations exist based on education, ethnicity, region, and decision-making dynamics, where a partner's higher education or his sole authority in healthcare decisions correlates with a stronger desire for an additional child.

Factors associated with the desire for an additional child among partnered women with at least one child

Multivariate analysis identified several sociodemographic, socioeconomic, and relational factors strongly associated with the desire for an additional child. Specifically, the woman's age (40-49 years), ethnicity (Fulani, Gourmantché, Lobi/Dadara, and Bissa), employment in agriculture, the spouse's secondary or higher education level, high parity (four or more children), the desire for a large family (five or more children), and healthcare decisions made jointly by the couple or by the husband alone were all significantly associated with the desire for an additional child.

Age demonstrated the most pronounced impact: women aged 30-39 had 61.4% lower odds (AOR=0.386; 95% CI: 0.328-0.454) and those aged 40-49 had 94.5% lower odds (AOR=0.055; 95% CI: 0.046-0.066) of desiring another child compared to those aged 15-29. Ethnocultural factors also proved to be significant determinants, with significantly higher odds ratios observed among the Fulani (AOR=1.321; 95% CI: 1.044-1.673), Gourmantché (AOR=1.647; 95% CI: 1.034-2.624), and Bissa (AOR=1.344; 95% CI: 1.015-1.78) compared to the Mossi. Muslim religion was associated with a 15% increased probability (AOR=1.15; 95% CI: 1.012-1.307) compared to Christianity (Table 3).

A secondary or higher education level in women significantly increased the odds of desiring a child (AOR=1.275; 95% CI: 1.014-1.604), while agricultural activity showed the strongest association (AOR=1.454; 95% CI: 1.262-1.675). The partner's education exhibited a marked positive gradient with dose-response effects (primary: AOR=1.332; 95% CI: 1.12-1.585; secondary+: AOR=1.267; 95% CI: 1.011-1.588). The partner's occupation strongly influenced the outcomes, particularly for manual labour (AOR=1.63; 95% CI: 1.332-1.994) and commercial occupations (AOR=1.526; 95% CI: 1.234-1.887). Parity followed a striking inverse relationship, with a 75.5% reduction for 3 children (AOR=0.245; 95% CI: 0.182-0.329) and a 92.1% reduction for 4 or more children (AOR=0.079; 95% CI: 0.059-0.106) compared to having one child. The ideal number of children showed a positive exponential relationship, culminating in an AOR=9.092 (95% CI: 4.718-17.519) for 5 children.

Decision-making regarding healthcare revealed interesting patterns: joint decisions (AOR=1.492; 95% CI: 1.252-1.779) or male-led decisions (AOR=1.189; 95% CI: 1.024-1.38)

significantly increased the desire for a child compared to women deciding alone. Regions showed notable variations, with particularly high odds ratios in Cas-cades (AOR=1.659; 95% CI: 1.217-2.263) and the East (AOR=1.519; 95% CI: 0.964-2.392) (Table 3).

Table 3

Factors associated with the desire for an additional child among partnered women aged 15-49 with at least one child, based on data from the Burkina Faso Demographic and Health Survey

Sociodemographic characteristics	n	aOR (95% CI)
Generation of women		
15-29 years	4,694	
30-39 years	4,426	0.386*** (0.328-0.454)
40-49 years	2,779	0.055*** (0.046-0.066)
Women's educational level		
No education	8,620	
Primary	1,509	1.011 (0.852-1.2)
Secondary &+	1,773	1.275** (1.014-1.604)
Ethnicity of the woman		
Mossi	6,522	
Bobo	379	0.772 (0.564-1.057)
Fulani	893	1.321** (1.044-1.673)
Gourmantché	700	1.647** (1.034-2.624)
Gourounsi	669	1.214 (0.929-1.587)
Lobi/ Dadara	324	1.456** (1.019-2.079)
Senufo	252	0.770 (0.539-1.101)
Bissa	692	1.344** (1.015-1.78)
Other ethnicities	1,467	1.077 (0.894-1.297)
Religion of women		
Christian	3,578	
Muslim	7,831	1.150** (1.012-1.307)
Animist/other	490	0.911 (0.707-1.174)
Women's occupation		
Unemployed	4,051	
Skilled employment	402	1.064 (0.762-1.487)
Trade/Services	2,522	1.043 (0.897-1.214)
Agriculture	4,243	1.454*** (1.262-1.675)
Manual work	645	0.982 (0.755-1.278)
At least one problem with access to health care		
No	3,460	
Yes	8,439	0.886** (0.786-0.999)

Sociodemographic characteristics	n	aOR (95% CI)
Degree of media exposure		
Null	3,625	
Weak	5,189	0.955 (0.843-1.082)
Average	2,817	1.029 (0.877-1.207)
Hight	270	0.801 (0.533-1.206)
Spouse's education level		
No education	8,903	
Primary	1,387	1.332*** (1.12-1.585)
Secondary &+	1,611	1.267** (1.011-1.588)
Spouse's occupation		
Unemployed	1,530	
Skilled employment	960	1.346** (1.018-1.78)
Trade/Services	1,766	1.526*** (1.234-1.887)
Agriculture	5,312	1.447*** (1.212-1.728)
Manual work	2,306	1.63*** (1.332-1.994)
Average parity of women		
1 child	1,841	
2 children	2,017	0.584*** (0.427-0.798)
3 children	2,036	0.245*** (0.182-0.329)
4 children & +	6,007	0.079*** (0.059-0.106)
Ideal number of children desired		
1	83	1.209 (0.514-2.843)
2	93	1.365 (0.681-2.733)
3	553	2.302** (1.181-4.488)
4	1,524	4.401*** (2.274-8.519)
5	2,441	9.092*** (4.718-17.519)
6 children &+	6,006	3.728*** (1.907-7.287)
Non-numeric response	1,199	
The husband or a family member pressured the wife to become pregnant		
No	10,995	
Yes	904	1.055 (0.874-1.273)
Person who decides on the woman's health care		
The woman alone	1,595	
The wife and the spouse	2,320	1.492*** (1.252-1.779)
The spouse alone	7,832	1.189** (1.024-1.38)
Other people	152	0.497*** (0.294-0.841)
Gender of head of household		
Man	10,941	
Women	958	1.024 (0.838-1.25)

Sociodemographic characteristics	n	aOR (95% CI)
Household economic well-being level		
Poorest	2,327	
Poorer	2,335	1.007 (0.852-1.191)
Middle	2,471	1.098 (0.927-1.3)
Richer	2,469	1.09 (0.903-1.317)
Richest	2,297	0.862 (0.666-1.116)
Place of residence		
Urban	3,170	
Rural	8,729	1.04 (0.887-1.22)
Region of residence		
Centre	1,961	
Cascades	385	1.659*** (1.217-2.263)
Boucle du Mouhoun	1,220	0.953 (0.73-1.245)
Centre-Est	1,272	1.224 (0.932-1.607)
Centre-Nord	1,125	1.009 (0.779-1.308)
Centre-Ouest	1,197	1.016 (0.78-1.324)
Centre-Sud	508	0.843 (0.64-1.11)
Est	852	1.519* (0.964-2.392)
Hauts Basins	1,175	1.229 (0.958-1.577)
Nord	740	1.055 (0.821-1.355)
Plateau Central	745	1.125 (0.871-1.453)
Sahel	313	1.088 (0.751-1.575)
Sud-Ouest	407	1.418* (0.981-2.049)

Significance: *** 1%, ** 5%, * 10%, aOR: Adjusted Odds Ratio

Source: Author's own development.

A multivariate analysis identified key factors influencing the desire for another child, with a woman's age having the strongest effect. Other significant factors included ethnicity, Muslim religion, employment in agriculture, higher education levels in both women and their spouses, and high parity, which strongly reduced the desire for more children. The desire for a large family and healthcare decisions made jointly or by the husband alone also significantly increased the odds.

Discussion

This study reveals that nearly 70% of the 11,899 women surveyed in Burkina Faso expressed a desire to have another child—a high rate consistent with the context of Sahelian countries where fertility remains high (Bongaarts & Casterline, 2018). This substantial proportion reflects an incomplete demographic transition, where pro-natalist norms persist despite socio-economic changes (Garenne, 2008b). The marked desire for children could be explained by several structural factors. On the one hand, the economic and social value of children in agropastoral societies (Caldwell, 2005a), where they represent both a source of family labour and a safety net for ageing

parents; on the other hand, the persistence of social norms that value large families as a marker of social status (Bledsoe & Banja, 2002). These findings are consistent with recent studies in West Africa showing slow changes in family size preferences (Shapiro, 2018).

Multivariate analysis revealed a predominant influence of age on the desire for another child. This age-dependent gradient follows expected biological trends in fertility, but also likely reflects the completion of reproductive plans at older ages (Bongaarts, 2015; Hayford & Agadjanian, 2019). However, the strong association between age and the desire for a child cannot be reduced to a simple biological determinant. It likely incorporates complex social dimensions. Indeed, younger women may express reproductive aspirations before having reached their ideal family size, while older women may have already completed their childbearing (Hayford & Agadjanian, 2019). This lifecycle effect is evident in diverse contexts, such as Ghana, where fertility desires decline sharply with age and parity (White et al., 2005), and in Ethiopia, where the intention to limit childbearing is powerfully predicted by a woman's age and existing number of living children (Negash et al., 2023). Similarly, a multi-country analysis confirms that the influence of age on fertility preferences remains robust even after controlling for other socio-economic factors, underscoring its fundamental role in shaping reproductive aspirations throughout the life course (Casterline & Han, 2017). This consistent finding validates that the age gradient is a central feature of the demography of fertility desires in Africa, mirroring the social and biological completion of childbearing. However, this finding contrasts with those of some studies in sub-Saharan Africa, which have shown that distinct socio-normative factors can mediate the effect of age. For instance, research indicates that among younger women, the desire for children can be tempered by educational imperatives or emerging autonomy (Casterline & Han, 2017; Garenne, 2008a). In contrast, among older women, social pressure to achieve an ideal family size and to consolidate social status through motherhood can sustain a strong desire for children well beyond the onset of the biological decline in fecundity, until the desired parity is reached (Akinyemi & Odimegwu, 2021; Bongaarts, 2011). Consequently, the relationship with age reflects not merely a biological life cycle or the completion of a project, but also the persistent force of social norms that spread out and sometimes prolong reproductive pressure over a significant portion of adult life.

Ethnocultural variations are particularly striking, with Gourmantché and Bissa women showing a significantly higher propensity to desire a child compared to Mossi women. These differences could be explained by distinct value systems concerning ideal family size and the place of children within different communities (Caldwell, 1982; Rossier & Bollmann, 2017). The observed ethnic differences suggest the persistence of deeply rooted cultural norms that shape fertility preferences (Cleland et al., 2006a; Hirschman & Young, 2000). The effect of ethnicity remains significant after controlling for other variables, indicating that these norms operate independently of socioeconomic status.

The modest yet significant effect of the Muslim religion corroborates the work of McQuillan (2004) on religious prescriptions favourable to fertility in Islamic societies of sub-Saharan Africa (McQuillan, 2004). The positive association with Islam could reflect both explicit religious doctrines

and social norms more favourable to large families within Muslim communities (McQuillan, 2004; Obare et al., 2013).

The results reveal a counterintuitive phenomenon in which secondary or higher education among women and their partners is associated with an increased desire for children, contradicting classical predictions of modernisation theory (Becker, 1960; Cleland, 2012). This paradox is explained by the "planned fertility" model (Bongaarts, 2011; Garenne, 2008b; Shapiro, 2018), in which education enables couples to better achieve their pro-natalist preferences rather than reduce them, thanks to greater mastery of reproductive health. Moreover, the postponement of parenthood induced by prolonged education leads to a catch-up effect and an intensification of the desire to have children. By delaying entry into parenthood to invest in their careers, highly educated women and men experience a prolonged child-free period. This waiting period can have the consequence of reinforcing, rather than weakening, the desire to have a child once their professional and conjugal situation is perceived as stable. The desire, measured at this life stage, thus reflects a mature, prioritised intention following a phase of conscious postponement. This "quantum squeeze," in which the desired number of children is concentrated over a shorter period, can intensify the desire as the biological horizon approaches (Dommermuth et al., 2017; Wesolowski, 2015).

Furthermore, higher education serves as a factor of socio-economic security, removing the psychological and material barriers to the parental project. For higher education couples, financial stability, access to housing, and the perception of a secure professional future transform the desire for children from an abstract aspiration into an achievable plan. This phenomenon is documented in post-transitional societies, where education is no longer merely a factor in reducing fertility but becomes a lever enabling the realisation of family preferences (Chiappero-Martinetti & Venkatapuram, 2014; Dommermuth et al., 2017; Sauvain-Dugerdil, 2014).

The particularly pronounced effect of agricultural activity and the partner's manual/commercial occupations reflects the persistence of a peasant economic rationality where children represent both a source of family labour and a long-term investment (Caldwell, 2005a; Shapiro, 2018), particularly in contexts with low social security coverage (Bledsoe & Banja, 2002; Cleland, 2012). Population policies should therefore integrate this complexity by combining sexual education, access to contraception, and interventions targeted at the economic determinants of fertility (Cleland, 2012), rather than assuming an automatic effect of schooling on birth reduction.

The extremely pronounced inverse relationship between parity and the desire for a child reveals a critical threshold around 3-4 children, beyond which the probability of wanting an additional child drops drastically. This pattern corresponds to the "reproductive saturation" model observed in sub-Saharan Africa (Bongaarts, 2011; Hayford & Agadjanian, 2019), in which couples adjust their preferences based on the number of children they plan to have. These findings confirm theories of contextual reproductive rationality (Caldwell, 2005b), in which fertility decisions respond to complex strategic calculations rather than to simple biological determinism.

The exponential increase in odds ratios for the ideal number of children, culminating at 9.092 for five children, reveals a deep internalisation of pro-natalist norms in Burkinabè society. This

marked curve reflects what Caldwell (1982) described as a "moral economy of fertility," where children represent much more than mere offspring—they embody social wealth, security for ageing parents, and family status (Caldwell, 1982). The strength of this association far exceeds the effects usually observed for socioeconomic factors, suggesting that reproductive ideals are anchored in deep cultural value systems (Bledsoe & Banja, 2002). This result corroborates the work of Dodoo and Frost (2008) in West Africa, showing that social norms concerning ideal family size often resist economic and educational changes (Dodoo & Frost, 2008; Garenne, 2008b). This exponential relationship poses a major challenge to classical demographic transition theories, which generally predict a linear decline in fertility preferences with development (Bongaarts, 2017). The gap between these high ideals and actual behaviours (as evidenced by the drop in the desire for children after 3-4 children) suggests the emergence of a "reproductive dissonance" (Hayford & Agadjanian, 2019), where cultural aspirations come into tension with economic realities.

The results reveal a significant influence of conjugal decision-making dynamics on the desire for a child, with a 49.2% increase for joint decisions and an 18.9% increase for male-led decisions compared to women making health decisions alone. These observations corroborate the theoretical framework of "reproductive bargaining" (Dodoo, 1998; Dodoo & Frost, 2008), which posits that fertility decisions emerge from a complex process of power and compromise within the couple. The more pronounced effect of joint decisions suggests that when both partners actively participate in health choices, this often reinforces a shared pro-natalist orientation, perhaps because these open discussions allow for the alignment of expectations and family plans (Bankole & Singh, 1998). These findings partially contradict the hypothesis that women's decision-making autonomy systematically reduces desired fertility (Upadhyay et al., 2014), instead highlighting the importance of specific relational dynamics in African contexts. These decision-making patterns have important implications for the design of reproductive health interventions. They suggest that programs that aim solely to empower women without engaging men may be less effective in certain cultural contexts (Brown & Hardee, 2018; Dudgeon & Inhorn, 2004; Ojong et al., 2021). This observation aligns with the conclusions of Aguirre (2007) on the importance of involving both partners in family planning programs (Aguirre, 2007). These results, therefore, call for nuanced interventions that, while promoting gender equity, recognise the complexity of conjugal dynamics in reproductive decisions (Brown & Hardee, 2018; Ojong et al., 2021).

Limitations of the Study

This study benefits from several key strengths, including the use of a large nationally representative dataset with high response rates, which enhances the generalizability of our findings to all partnered women with at least one child in Burkina Faso. The application of a multivariate model that controls for a wide range of socio-demographic and relational variables enables robust identification of independent factors associated with the desire for another child.

However, the findings must be interpreted with certain limitations in mind. The cross-sectional nature of the DHS data prevents us from establishing causal relationships between the independent variables and the outcome; we can only identify associations. The measure of the desire for another

child, while standard, may be subject to social desirability bias, particularly in a pronatalist context where women may feel pressured to express a desire for more children. Furthermore, key conceptual variables, such as detailed measures of women's empowerment or the precise economic value of children, are not fully captured in the DHS, and their absence may lead to residual confounding. Finally, while we examine couple dynamics, the data reflect only the woman's report of her partner's characteristics and decision-making process, which may not fully capture the man's perspective or the complexity of intra-household bargaining.

Conclusions and Implications

This study highlights the persistence of pro-natalist norms in Burkina Faso, where nearly 70% of women in union and already mothers express the desire for another child. Cultural and familial determinants, such as ethnicity, religion, and decision-making dynamics within the couple, exert a stronger influence than purely economic factors. Paradoxical relationships emerge, notably the positive effect of secondary education on both women and their spouses' desire for children, challenging traditional predictions of the demographic transition. Current parity and the desired number of children are major predictors, with a reproductive saturation threshold of around 3-4 children.

The findings argue in favour of multisectoral interventions. It is essential to expand access to comprehensive sexual education and quality reproductive health services, including family planning. Programs must, by definition, include men and be adapted to cultural and regional specificities. An approach targeting both women's autonomy and spousal engagement is necessary to address the complexities of reproductive decisions.

This work fills an essential gap in the literature by focusing on women who are already mothers, a crucial group for understanding current fertility dynamics in a context of incomplete demographic transition. By identifying the subpopulations most likely to wish to enlarge their families, this research provides an empirical basis for guiding public policies in similar contexts in sub-Saharan Africa. It underscores the urgency of adopting strategies adapted to local realities, where reproductive aspirations remain strongly anchored in cultural and social logics.

The findings of this study modify the understanding of demographic transitions by revealing that education and autonomy do not mechanically lead to a decline in desired fertility. It validates the concept of "planned fertility", whereby educated couples use their resources to achieve sometimes high family ideals. It also illustrates the importance of conjugal negotiations and internalised cultural norms, suggesting that classical theories must integrate relational and symbolic dimensions more thoroughly to explain fertility trends in Africa.

Suggestions for Future Research

Based on the findings of this study on factors associated with the desire for an additional child in Burkina Faso, several future research studies can be proposed to deepen and broaden the understanding of this problem. Thus, it will be necessary to conduct a longitudinal study to examine how the desire for children evolves throughout women's lives, depending on family, economic, and

health-related events. This research could help assess the effect of family planning programs or social policies on reproductive preferences over time.

Furthermore, qualitative research could be undertaken to understand the underlying motivations, social pressures, and cultural representations associated with the desire for children. Such a study could explore the role of spouses and extended family members in reproductive decisions, particularly in contexts where there is strong pressure to have children.

Additionally, an investigation into the interaction among education, women's empowerment, and the desire for children would be important to examine why higher levels of education are associated with a stronger desire for children and under what conditions this effect reverses. These research avenues would not only help fill the gaps identified in this study but also contribute to developing more effective and contextually adapted reproductive health policies in Burkina Faso and similar settings.

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Conflicts of Interest

None

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