Does Low Fertility Call for New Policies in Some Asian Countries?

Asia's "population problem" has historically centered on the adverse consequences of very high fertility and rapid population growth. In several countries this situation has now reversed. Over the past two decades, countries such as Japan, China, Singapore, Hong Kong, and South Korea have completed, or nearly completed, a remarkable demographic transition—from an era of high birth and death rates and runaway population growth to one of reduced fertility and mortality and population growth approaching replacement levels. In fact, East and Southeast Asia have led the developing world in the speed of fertility reduction. Transcending political, economic, cultural, and religious boundaries, the pace of change has taken even the experts by surprise.

But success does not call for complacency. Now that several Asian countries have achieved their initial goal—to slow down population growth—some policymakers fear that rapid drops in fertility will cause long-term population decline and a resulting loss of economic strength. With a few exceptions, this is not likely to be the case. Yet, whether or not population sizes decrease over the long term, East and Southeast Asia certainly face a period of major demographic shifts and social changes that will require new policies and programs.

This issue of Asia-Pacific Population & Policy outlines the challenges facing countries that have made a demographic transition from high to low fertility, placing an emphasis on policy and program implications. The next issue (September 1994) will continue the discussion by surveying the fertility situation in specific countries of the region and examining their policy and program responses.

CONSEQUENCES OF FERTILITY DECLINE

Over the past two decades, countries throughout Asia and the Pacific have adopted policies to attain replacement-level fertility through the ambitious promotion of contraceptive use. Many East and Southeast Asian countries have accomplished their demographic goals or are

With fewer young people entering tomorrow's work force, care for the elderly will become an important policy issue.
close to doing so (Figure 1). The demographic transition from high to low fertility has brought changes in the composition of many Asian populations. With these changes come new challenges for policymakers and program managers.

Among the many outcomes of fertility decline, three have particularly far-reaching effects:

- **Changes in family types and structures**
  Demographic transition is accompanied by radical changes in family life. Marriage and family formation are postponed, childbearing is compressed into a narrow reproductive span that begins later and ends earlier, and higher-order births become rare. Large families are replaced by small ones, and joint and extended families tend to be replaced by nuclear families. Strong ties among family members may be replaced by greater independence for individuals.

- **Shifts in the proportions of young and old**
  Declining fertility means that the population as a whole becomes older. On the one hand, a decrease in the proportion of children provides an opportunity to enhance the quality and coverage of education programs and to develop new skills in the future work force. On the other hand, an increase in the proportion of the elderly means higher medical costs and difficult social and economic questions about care of the aged.

- **Changes in the work force**
  A sustained reduction in fertility eventually reduces the number of people entering the labor force. Low fertility brings concerns that shortages of workers will cause investment in labor-intensive industries to shift to countries with labor surpluses. However, another outcome of fertility decline may be an increase in female participation in the work force.

### Challenges and Opportunities

These and other changes associated with rapid fertility decline have brought some nations of East and Southeast Asia to a population policy crossroads. Having reached fertility at replacement level or below, policymakers may be uncertain about the consequences. Indeed, population goals in some low-fertility countries, notably Singapore, have already been reversed, with efforts now under way to increase birth rates. Similar pronatalist options are being considered in Thailand, where fertility has dropped to near replacement level. Other countries in the region are reducing spending on family planning programs.

These responses ignore some fundamental demographic realities. For one thing, continued—often substantial—population growth is inevitable, even among low-fertility populations. The sheer "demographic momentum" created by the many children already born, who will eventually reach reproductive age, adds up to large increases in population for decades to come, in spite of low crude birth and total fertility rates (Table 1).

Second, the low annual fertility rates recorded in recent years may not necessarily mean low fertility in the long term. Women may be deferring childbearing temporarily by delaying marriage and using effective contraception. In countries such as Taiwan and South Korea, nearly all women still marry eventually and have children; and for age groups now in the midst of their reproductive careers, completed families are likely eventually to include two or more children. Thus, according to one expert, "nothing could be more disastrous than for governments to switch to pronatalist policies under the erroneous impression that fertility would otherwise remain below replacement level."

Finally, many Southeast and East Asian countries still have a substantial number of unwanted pregnancies and a
Continued, often substantial, population growth is inevitable, even among low-fertility populations.

"Nothing could be more disastrous than for governments to switch to pronatalist policies."

<table>
<thead>
<tr>
<th>Country</th>
<th>Minimum future growth (momentum, %)</th>
<th>Additional numbers beyond 1995 total (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Korea</td>
<td>60</td>
<td>12.2</td>
</tr>
<tr>
<td>Thailand</td>
<td>50</td>
<td>25.8</td>
</tr>
<tr>
<td>China [except Taiwan]</td>
<td>40</td>
<td>423.8</td>
</tr>
<tr>
<td>Taiwan</td>
<td>40</td>
<td>7.7</td>
</tr>
<tr>
<td>South Korea</td>
<td>30</td>
<td>12.3</td>
</tr>
<tr>
<td>Singapore</td>
<td>30</td>
<td>0.8</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>20</td>
<td>1.1</td>
</tr>
<tr>
<td>Japan</td>
<td>10</td>
<td>12.1</td>
</tr>
</tbody>
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Note: Countries with below-replacement fertility are assumed to have constant total fertility rates until 1985-2000 and then to regain replacement level by 2030.

High incidence of abortion. Fertility levels may still be high in particular regions or among specific social groups. With delayed marriage, populations of sexually active single people may be increasing, and existing family planning programs may not be meeting their needs. The implication is that family planning services, although generally successful, are far from perfect in meeting the needs of every group and every individual.

**POLICY RESPONSES AND PROGRAM DIRECTIONS**

East Asia is clearly facing an era of dramatic population shifts and accompanying social change. Current trends will require considerable rethinking of family planning policies and programs to meet changing needs and expectations. Some extreme policy responses to low fertility in other parts of the world—such as economic inducements to raise the birth rate or severe restrictions on access to fertility control—have been found to be either ineffective or potentially harmful. Most of those involved in the policy debate in Asia agree that easy access to contraception must be ensured, even for low-fertility populations.

What should family planning programs "look like" in the future? Changing socioeconomic and demographic realities may require several shifts in program directions, including:

- **Stronger emphasis on quality**

The quality of family planning services is just as important as quantitative markers such as number of acceptors or contraceptive prevalence rates. As the knowledge and expectations of clients increase, services must reflect their preferences. This means providing a choice of methods, ample time for counseling and follow-up, physical facilities that offer privacy and cleanliness, and client-oriented staff attitudes.
• New delivery approaches
Where contraception is accepted as a routine feature of everyday life, clinic-based services are likely to gain in importance. More affluent groups may turn increasingly to the private sector for family planning services. For some population groups, for example in remote areas, family planning programs will continue to rely on the traditional field-worker approach.

• Integration of services
At the field level, family planning programs have generally been offered as a component of maternal and child health services. As the initial objective of fertility reduction is achieved, family planning is likely to be merged even more closely with other health activities. Yet it is always difficult to change the focus of familiar programs. Funding and administrative structures may need to be altered, as well as the expectations of clients and staff.

CONCLUSION

The potential consequences of rapid fertility decline have sparked debate among population experts and policymakers throughout Asia. Despite a lack of unanimity on long-term expectations or the desirable level of fertility, "the obvious but fundamental point is that a good family planning service remains just as necessary when fertility is low as when it was high... The future of family planning services in the low-fertility countries of Asia should not simply be a matter of cutback and retrenchment. New types of approaches and services are required to meet changing circumstances and priorities."

Current programs will continue to increase their emphasis on: (1) offering a choice of methods to fit individual preferences and lifestyles; (2) strengthening programs for sexually active unmarried people; (3) encouraging child spacing and reproductive choice rather than simply limiting the number of births; (4) making information available on the side effects of various family planning methods, plus medical backup if needed; (5) providing special information and services to introduce new methods; and (6) promoting the maternal and child health benefits of breastfeeding and birth spacing.

The general review in this issue is based largely on papers presented at a seminar convened in Seoul in December 1991 by the Korean Institute for Health and Social Affairs in collaboration with the Economic and Social Commission for Asia and the Pacific (ESCAP). These papers form the basis of a volume titled:


Further information was provided by:


The following issues of Asia-Pacific Population & Policy are available on request:

• Culture influences demographic behavior: evidence from India (No. 28, March 1994)

• Changes in fertility patterns can improve child survival in Southeast Asia (No. 27, December 1993)

• Family planning's benefits include improved child health and nutrition: new data from Bangladesh (No. 26, September 1993)

• Shifts in household demographics herald economic changes for Thailand (No. 25, June 1993)

• Effects of education on reproductive behavior: lessons from Pakistan (No. 23, December 1992)

• Age at marriage is rising for Asian women and men, according to new data (No. 22, September 1993)

• Poverty in the Philippines: the impact of family size (No. 21, June 1992)

• Fertility decline in Bangladesh: an emerging family planning success story (No. 20, March 1992)

• Adding choice to the contraceptive mix: lessons from Indonesia (No. 19, December 1991)

• Five levels of family planning progress: lessons from Thailand (No. 18, September 1991)

• Pakistan's population growth: the need for action (No. 17, June 1991)

• Economic development and fertility decline: lessons from Asia's newly industrialized countries (No. 16, March 1991)