Fertility: Theory and Policy

- Theories of fertility
  - Adjudicating among distal conditions
- Potential role of the state

Mason’s summary of transition theories

- Demographic transition (industrialization and urbanization lead to modernization)
- Lesthaeghe extension (addition of values oriented to self)
- Caldwell’s wealth flows
- Neoclassical economics (preferences, utility based)
- Easterlin’s framework (supply and demand for children, tempered by “costs,” social, psychic, and monetary, of fertility regulation)
- Ideational theory (norm-based)
Mason’s model for explaining fertility transitions

Human ecology?  
Political economy?

**Exogenous Influences**

**Preexisting Conditions**
- Mortality
- Acceptable Number of Surviving Children
- Acceptable Sex Composition
- Costs of Postnatal vs. Prenatal Controls

**Important Changes**
- Mortality Decline
- Reduced Acceptable Number of Surviving Children
- Weakened Sex Preferences
- Rising Costs of Postnatal Controls and/or Lowered Costs of Prenatal Controls
- Social Interaction and Influence

**Perceptions of:**
- Child Survival
- Child Costs & Benefits
- Costs of Postnatal vs. Prenatal Controls

**Fertility**

Rate of fertility declines by years since start

<table>
<thead>
<tr>
<th></th>
<th>Fastest</th>
<th>Percent decline</th>
<th>Slowest</th>
<th>Percent decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 10 years of fertility decline</td>
<td>Korea, PDR</td>
<td>53</td>
<td>Papua N. Guinea</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Hong Kong</td>
<td>46</td>
<td>Guatemala</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>China</td>
<td>45</td>
<td>Morocco</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Colombia</td>
<td>31</td>
<td>Algeria</td>
<td>4</td>
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<td></td>
<td>Jamaica</td>
<td>31</td>
<td>Botswana</td>
<td>4</td>
</tr>
<tr>
<td>Years 5-20 of decline</td>
<td>Korea, PDR</td>
<td>63</td>
<td>Iran</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Cuba</td>
<td>57</td>
<td>Ghana</td>
<td>4</td>
</tr>
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<td></td>
<td>Singapore</td>
<td>56</td>
<td>Guatemala</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Hong Kong</td>
<td>55</td>
<td>Papua N. Guinea</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Thailand</td>
<td>52</td>
<td>Iraq</td>
<td>14</td>
</tr>
<tr>
<td>First 25 years</td>
<td>Hong Kong</td>
<td>75</td>
<td>Guatemala</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Singapore</td>
<td>71</td>
<td>Ghana</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Korea, PDR</td>
<td>70</td>
<td>Iran</td>
<td>17</td>
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<tr>
<td></td>
<td>China</td>
<td>68</td>
<td>Papua N. Guinea</td>
<td>18</td>
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<tr>
<td></td>
<td>Cuba</td>
<td>61</td>
<td>Iraq</td>
<td>20</td>
</tr>
</tbody>
</table>
The State and Fertility

• How much can a state really do?

Society and fertility: classic view

• For most of history, policy has been pronatalist.
• Antinatalist policies are a product of the mid- to late 20th century
  – Population fears
  – Response to population wanting contraception
• Some countries have reversed course from one to the other type of policy.
Direct state routes to lower fertility

- Proclaiming need for cheap contraception, lowering costs of information, providing access
  - Problem with measurement.
- Making marriage more difficult
- Altering preferences about family size and birth control to make low fertility acceptable (building the bandwagon)
- Political pressure to gain acceptance
- Penalties or taxes for higher-order births.

*We can’t tell is how effective these programs are.*

Indirect state routes to lower fertility

- Political disruption
  - War as distal factor
  - Shakeup of traditional land tenure systems
- Mobility promotion
  - Funding of education and restricted access
  - Gender equality reduces fertility
- Public transfers
  - Ending them may promote free market
  - Tradeoff of pensions vs. education
- Introduction of mass media
Government’s role in fertility control

<table>
<thead>
<tr>
<th></th>
<th>Rule by fiat</th>
<th>Rule of law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimalist state</td>
<td>Lack of administration, maybe breakdown of social order</td>
<td>Free market, property rights, “development is the best contraceptive”</td>
</tr>
<tr>
<td></td>
<td>e.g., Iraq (est. TFR falls from 4.87 in 2000 to 3.67 in 2011)</td>
<td>e.g., much of 3rd World in 1970s</td>
</tr>
<tr>
<td>Intrusive state</td>
<td>Authoritarian state with local backing (which tends to erode)</td>
<td>Modern welfare state, with fertility policy enacted through laws, tax structure e.g., Sweden</td>
</tr>
<tr>
<td></td>
<td>e.g., China, Romania, Iran</td>
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</tbody>
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United Nations’ Role:
World Population Conferences

- 1954, 1965, 1974: Capitalist West debates centrally planned economies on role of population in development
  - Developing world sides with central planning
  - Suspicion of developed world’s emphasis on slowing growth

- 1984 (Mexico City): Change of course, less division
  - U.S. becomes neutral on population growth; opposes abortion.
  - African delegates express concern over rapid growth.

- 1994 (Cairo): Micro-level focus on couples’ rights
  - Reduce infant and maternal mortality
  - Access to information and contraception
  - Also sexual and reproductive health
UN Millennium Development Goals

- Eradicating extreme poverty and hunger,
- Achieving universal primary education
- Promoting gender equality, empowering women
- Reducing child mortality rates
- Improving maternal health
- Combating HIV/AIDS, malaria, other diseases
- Ensuring environmental sustainability and developing a global partnership for development.

The American Case

- Colonial America had higher TFR than Europe: about 8
- Fertility fell throughout 19th c, early 20th c.
- Proximate determinants: rise in marriage age, birth control (withdrawal and illegal abortion), and breast-feeding
- Distal condition: urbanization
Moral restraints

Contraception was widely considered to be a sin (much as abortion is today)

Comstock Law, 1873-1970

“Act for the Suppression of Trade in, and Circulation of, Obscene Literature and Articles for Immoral Use”

Contraception was illegal.

Birth control movement

Birth control movement

After 10 days, police arrest Sanger and close the clinic.

Sanger (left) greets supporters after her arraignment.

Sanger and colleagues serve 30 days in jail.

1920s – Struggle continues

1936 – Sanger victory

United States v. One Package of Japanese Pessaries
Contraceptive Use, by Method, United States, 1955-88

Griswold v. Connecticut – 1965

Estelle Griswold and Cornelia Jahncke of the Planned Parenthood League of Connecticut
Roe v. Wade, 1973

• Struck down laws banning sodomy

Lawrence v. Texas, 2003

• Struck down laws banning sodomy
• Overturned Bowers v. Hardwick, 1986
• Court argues on basis of right to privacy in the home and right to engage in consensual adult sex