

Fertility Decline and the Empowerment of Women

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The United Nations International Conference on Population and Development in Cairo, 1994, and the Fourth World Conference on Women in Beijing, 1995, outlined factors considered critical to “the empowerment of women.”^{i, ii} At these meetings, 179 countries agreed on a 20 year plan to stabilize the world’s population, premised on the notions that population, development and the environment are integrally linked, and that the empowerment of women is required to make this vision a reality.ⁱⁱⁱ Empowerment of women was defined to include providing women with access to employment, education, and reproductive health care, free from discrimination, coercion and violence. These same factors are also linked with fertility decline, a global phenomenon that causes growing concern for governments planning for future workforce and social security needs.^{iv, v}

Some are concerned that public policy strategies to empower women may further the decline in fertility, while others contend that policies supporting women in working and raising children are not only just but also most likely to sustain fertility.^{vi} How can governments straddle these competing concerns? How can we develop a policy framework that addresses societal concerns both about the repercussions of declining fertility and the advancement of women? Is their empirical evidence of policies that try to stabilize fertility that are also compatible with the empowerment of women? Do these global demographic and social trends demand new formulations of work, fertility, family and immigration policy?

Fertility decline is one of a cluster of profound demographic changes, which transpired over the course of the last century, with the pace and global sweep of these changes accelerating dramatically in the last few decades. These changes comprise reduced mortality and childbearing and prolongation of the lifespan, and have taken place all over both the developed and developing

world (although least in sub Saharan Africa). While demographers had anticipated that fertility decline would follow the mortality decline attendant upon improved living conditions and medical advances, they had expected fertility to level off at replacement rates. However, in the developed world, these shifts have been so dramatic that most European and “Asian Tiger” countries now have fertility rates well below the replacement level of 2.1 births/woman. The decline in birth rates has led to a host of positive changes on both the societal and individual levels – economic growth resulting from women’s increased employment, improved health and education of children, benefits for women’s health and life opportunities. However, birth rates have now dropped to such a low level that, together with extended longevity, this trend has led to the aging of the population, with a shrinking working age population available to support the social and economic needs of both children and older, retired people.^{vii, viii} The resulting age shift in the population structure will determine the size and productivity of the labor force and population-based disease patterns. These, in turn, have profound implications for social security and health systems.

While theorists differ regarding the attributable contribution of specific factors, in general they agree that the decline in fertility is associated with the following cluster: mortality decline; increased longevity; urbanization; increased female education and employment; changes in family formation, such as delayed marriage and first birth, increases in divorce and out of wedlock childbearing; technological advances in contraception; and an ill defined cultural/economic black box including increased costs of childrearing, opportunity costs for women, increased secularity and individualism, and changes in economic and cultural aspirations.^{ix, x}

These are complicated phenomena and explanatory theses have been debated by economists, historians, demographers, and political and other social scientists. Yet, on the applied level, there is emerging agreement among many scholars and policy analysts that policies most

likely to support fertility are those that enable women and men to participate in paid employment and in domestic and childrearing responsibilities. These “work- family reconciliation” efforts can include such measures as financial compensation for the costs associated with childrearing (cash grants, tax credits, subsidized child care, access to housing, loans) and work conditions and social services that acknowledge and support domestic responsibilities (maternity and paternity leave, flexible work hours without risk to advancement or job security, subsidized child and after school care, laws prohibiting gender discrimination in wages, hiring, promotion, tax structure that values “second” lesser income etc)

Sweden has pioneered in promoting gender equity and well being of children by formulating such work family reconciliation policies and in providing structural incentives for men to participate in childrearing. These resonate with longstanding feminist analyses of the relationship between the gender-wage gap and female assumption of social as well as biological reproductive work. The Swedish TFR has often been amongst the highest in Europe although it has fluctuated contemporaneously with economic recession and benefit levels. During my time in Sweden, my attention was caught however, by the unexamined discordance between their stated commitment to gender equity and work-family reconciliation and the structural incentives to delay childbearing until salary level and career status are well established – which disadvantage women both economically and biologically. The resulting exacerbation of the secular trend in delayed childbirth leaves women a narrow window of biological opportunity for childbearing. Many are then demanding access to ARTs. Swedish policy re ARTs is much less coherent than their general health or reproductive health policy as Sweden subsidizes and allows the normalization of these technologies which are high cost, low efficacy and of unknown risk for both women and children.

Quebec exemplifies rapid social transformation, as it has recently emerged from a conservative Catholic tradition regarding family organization, gender and reproductive roles but now has high proportions of employed women, high rates of out-of-wedlock childbearing, delayed age at first birth and low TFR. The province has recently initiated universal subsidized childcare and offers various supplements to the moderate parental benefits available through Canada. Quebec has long encouraged immigration (particularly from Francophone countries) to alleviate workforce shortages. Canada recently passed legislation regarding ART's which ambivalently straddles the demand by consumers and physicians and the evidence demonstrating high cost and low yield. Quebecois family policy analysts share my emerging interest in formulating structural supports for earlier childbearing rather than for use of ARTs. Some Quebecoise feminist scholars characterize the current packet of benefits (which implicitly favor delayed childbearing) as based on a male career and biological trajectory.

Some policy analysts have postulated that a work-family reconciliation lens explains the higher fertility in Scandinavia than in the conservative Catholic countries of Southern Europe. Further scrutiny reveals that delayed formation of new households by young adults and delayed childbearing contribute significantly to these very low fertility rates

Gender roles and inequalities are central to these demographic and social changes. Employment issues such as leave and flexibility for care responsibilities and the consequences for advancement are fundamentally entwined with the gender-wage gap and gender based occupational segregation. Efforts to smooth the burden of work and family responsibilities for women can only work if policies support male assumption of social reproductive work while acknowledging the contemporary reality of high rates of union (marital or co-habiting) dissolution.

I suggest that efforts to enable women and men to share in the worlds of employment and social reproduction address the structural incentives for women to delay childbearing and the

implicit fall-back to problematic individualized technological solutions. Social visions of gender related possibilities, social attitudes towards children and the structural characteristics of populations are all entwined with policy responses to declining fertility.

ⁱ Linkages. (1994). *Program of Action of the United Nations International Conference on Population and Development*. Accessed from: <http://www.iisd.ca/Cairo/program/p00000.html>.

ⁱⁱ United Nations. (1995). *Beijing Declaration and Platform for Action*. Accessed from: <http://www.un.org/womenwatch/daw/beijing/platform/index.html>.

ⁱⁱⁱ Presser, H.B. & Sen, G. (Eds.). (2000). *Women's Empowerment and Demographic Processes: Moving Beyond Cairo*. New York: Oxford University Press.

^{iv} Davis, K., Bernstam, M., & Ricardo-Campbell, R. (Eds.). (1986). *Below-Replacement Fertility in Industrial Societies*. Cambridge: Cambridge University Press.

^v Garcia, B. (Ed.). (2000). *Women, Poverty, and Demographic Change*. New York: Oxford University Press.

^{vi} Castles, F.G. (2003). The World Turned Upside Down: Below Replacement Fertility, Changing Preferences and Family-friendly Public Policy in 21 OECD Countries. *Journal of European Social Policy*, 13(3): 209-227.

^{vii} Bulatao, R.A. & Casterline, J.B. (Eds.). (2001). *Global Fertility Transition. Supplement to Population and Development Review*, 27, 2001. New York: Population Council.

^{viii} Lochhead, C. (2000). The Trend Toward Delayed First Childbirth: Health and Social Implications. *Isuma*, 1(2): 41-44.

^{ix} Oppenheim, K. & Jensen, A. (Eds.). (1995). *Gender and Family Change in Industrialized Countries*. New York: Oxford University Press.

^x Sorrentino, C. (1990). The Changing Family in International Perspective. *Monthly Labor Review*, March 1990: 41-58.