

A temporal view of pro-natalist policies to see if prevailing rates of fertility have any bearing on the success of such policies.

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Abstract

Throughout the world, developed countries are grappling with the challenge of increasing their fertility rates. Despite concerted efforts by governments the fertility rates in the developed countries don't seem to increase and this has caused tremendous economic, political and societal tensions in these countries. The economy loses potential workers; governments usually relax immigration policies which in turn cause social tensions and debates. Here we try to analyse pro-natalist policies of the governments through the social lenses of ideal family size (fertility expectations) and actual fertility. We would first take a brief look on fertility expectations and actual fertility and the mismatch between the two in developed countries and see why developed countries can't meet their fertility expectations, we would then take a temporal look on pro-natalist policies in developed European and North American countries and try to substantiate the hypothesis that the time at which the policies are introduced and the prevailing fertility expectations and fertility rate influence the amount of success the policies will achieve.

Keywords: ideal family size, fertility expectations.

Introduction:

Fertility behaviour for the most part is influenced by multiple factors- economic

considerations, fecundity, career goals, societal makeup, etc. However, one of the things that is often not a very talked about subject when it comes to fertility is the social phenomenon of the ideal family size, while there is prior research on

the topic, it's efficacy in determining actual fertility behaviour is debated.

On a societal basis, one of the things that is thought to put an impact on fertility rate is the ideal family size, i.e., the number of kids that is considered to be 'ideal'. In research there has been an assumption that fertility preferences have an impact on actual fertility behaviour. However, there exists multiple arguments and counter arguments in favour and against this assumption. Many developed countries report a higher intended family size than the actual family size. Bongaarts [1] contributes to this discourse by suggesting that a notable portion of the incongruity found between aggregate procreative targets and contemporary birth results originates from temporal reconfigurations in childbearing phases. In contrast, Goldstein et al. [2] offer a distinct framework, noting that within German linguistic zones of Europe, family-size expectations have fundamentally detached from replacement standards. They categorize this as a structural transition toward enduring sub-replacement fertility norms, where the 'cultural lag' of a two-child ideal is eventually eroded by modern socio-economic stressors. The authors further anticipate that regions like Italy and Spain will undergo a similar downward adjustment of ideals to eventually mirror their low-fertility realities. Demeny [3] highlights that a wide gap between fertility preferences and fertility behaviour could exist indefinitely.

This eventual alignment of fertility expectations/ideal fertility intentions and fertility realities marks a critical transition point

for policy makers, as the policies/strategies that were used to manage high fertility in the past may no longer apply to these low fertility norms.

A central premise of the 1994 Cairo ICPD is the recognition that in a lot of developing countries, the number of kids couples actually have often exceeds their stated preferences. Consequently, policies are designed to bridge this gap by prioritising family planning initiatives and ensuring that they are accessible, which naturally pushes fertility down. In countries with low fertility, a gap exists in the opposite direction. Intended fertility is higher than actual fertility [4].

Objectives of the paper

The primary objective of this paper is to test the relationship between fertility ideals (and actual fertility rates) and the success of pro-natalist policies in developed countries. It seeks to demonstrate that the timing of policy intervention, relative to both actual fertility rates and socially embedded fertility ideals, plays a decisive role in determining policy outcomes. A secondary objective is to draw comparative insights from different national experiences in order to inform policy discussions in countries currently undergoing rapid fertility decline.

Hypothesis

Developed countries face with the challenge of a mismatch between fertility intentions and fertility realities. In this hypothesis the primary argument is that governments only have a limited time frame in which they can expect

policy initiatives and other measures to work in lifting or stabilising the actual fertility rates. Considering that fertility mismatch in developed countries indicate a “cultural lag” and that there will eventually be an alignment of sub replacement fertility and sub replacement fertility ideals and expectations [2], we might be able to say that pro-natalist policy initiatives and other measures would have far higher chances of success when fertility is above two children (and fertility expectations are above 2 children), fertility expectations are also seen to be the upper limit/ceiling for actual fertility [5], so when ideal family size go below two children, certain circumstantial and societal and normative changes make it practically impossible for a large cohort to raise their fertility levels despite lucrative government initiatives supporting it.

Methodology

A systematic evaluation of existing scholarship was undertaken to test the proposed hypothesis. This investigation initially sought to determine the correlation between stated procreative goals and actual birth patterns. Following the validation of fertility intent as a behavioural driver through prior empirical work, a temporal analysis of state interventions was executed. The mismatch between the fertility intentions and realised fertility in several European countries and the United States using the available data was scrutinised and the research fixated on a particular report about the intended family size at age 20-24 and completed cohort fertility at age 40-42 in several European countries and the US in the early 1970s [6]. Note

of the fertility mismatches in the countries was taken and the research looked at pro-natalist policies that were introduced and implemented in these countries and finally the research looked at which countries fared the best at increasing their fertility rates or keeping their fertility rates stable. The research also finally looked at Singapore and South Korea’s fertility and fertility policy history and tried to extract findings from it.

Fertility expectations and its relation to fertility behaviour

In analysing the shifting Japanese matrimonial and reproductive landscapes, Rindfuss et al. [7] identify a reciprocal process where social demeanours function as a catalytic instrument that alters behavioural choices. These behaviours then serve as a secondary feedback to reshape underlying psychological attitudes regarding family size. This cyclicity implies that if birth rates remain beneath replacement levels for multiple generations, the overarching cultural consensus on the 'perfect' number of children will inevitably shrink as smaller familial structures become the new internalized norm. Furthermore, empirical observations from German-speaking European nations corroborate this socio-psychological shift. Young women in German speaking countries of Europe reported an average ideal family size of 1.7 children [2], these women were born in the baby bust of the 1970s and have grown up seeing smaller family sizes. This internalised reality of smaller familial structures suggests that the “cultural lag” is being replaced by a new, lower normative ceiling that limits future

reproductive potential. In their collection and compilation of the data on mean intended family size at age 20–24, completed cohort fertility rate at age 40–42, and fertility gap of women born in the early 1970s [6], it can be seen that Spanish, Greek and Italian women born in the early 1970s intended to have more than 2 children but had 1.5 or less than 1.5 children on an average. As of 2022, Spain, Greece and Italy are the countries with some of the lowest fertility rates in Europe. The same data also shows that American and French women (born in the early 1970s) produced more than 2 children on an average while intending to have more than 2 children, i.e., their fertility intentions to fertility realities gap was very small. These countries are also the ones with a relatively higher fertility rate today than the aforementioned countries. We might deduce from the data that the south European countries were going through the ‘transition zone’ where the “cultural lag” of having two children continued but actual family size went much below that.

A temporal view on family policies - seeing how current fertility rates influence success of pro-natalist policies

Let us go back to the data on mean intended family size at age 20–24, completed cohort fertility rate at age 40–42, and fertility gap [6]. We see that the intended family size for women born in the early 1970s in Italy, Greece and Spain were higher than 2 but their actual fertility was much lower than that. Now compare it with Norway and France where intended fertility was higher than 2 and actual fertility was also higher than 2. It also turns out that France and

Norway were also the countries that brought about robust policies of state support for families even before their fertility rates were anywhere near 2.

France for example, introduced a universal general family allowance in 1932. Italy recently in 2021 introduced the General Family Allowance (GFA), prior to it the two main programmes were family allowances for employees and tax deductions for income recipients. These two measures were however not available to an employee who became unemployed – these programs were structurally limited, as individuals transitioning into unemployment suffered a double penalty by losing both their professional salary and their eligibility for state-funded family support. Furthermore, the large section of the Italian workforce consisting of independent contractors and freelancers remained essentially excluded from these traditional household benefits [8]. So, in Italy most of the benefits of the family policies didn’t even reach a large portion of the population. Compare that to France which introduced the general family allowance in 1932, which was one of the earliest examples of state support for families. France also spends a significantly larger amount in state support for families than the OECD average. Despite the vast chronological gap between the two examples of France and Italy, it still makes sense as they serve as comparable case studies of state intervention at distinct demographic thresholds. The analytical focus here is not the era itself, but on the temporal synchronisation of policy. France acts as a historical benchmark for early

intervention when both fertility ideals and actual fertility were more than 2, while Italy serves as a modern cautionary tale of a late-stage intervention that must contend with a culturally established low fertility ideal.

The family policies implemented across European countries in the 1970s and 80s had mixed success in increasing fertility rates. While France and Sweden saw stabilization or modest increases in birth rates, countries like Italy and Germany faced ongoing challenges with continued declines in fertility, they also happen to be the countries where fertility expectations were above 2 and actual fertility were around 1.5 in the '70s and '80s.

Once we take a look at the data, we would see that fertility expectation remained above 2 but actual fertility remained below 2 for most of the European countries, we see that pro-natalist policies usually fill this fertility expectation-realities gap, this gap in itself can be attributed to no comprehensive and accessible pro-natalist policies in these countries when the fertility rate was above 2. We could take France's example again where the fertility expectations-realities gap is very small for women born in the early 1970s [6], evidently because French women intend to have on an average around two children and the family policies in France give enough push to couples to have those two children. However, countries where comprehensive family support systems didn't exist or were very conditioned saw first their fertility rates drop below 2 and eventually fertility expectations also dropped below 2.

We take a look at Singapore's fertility and fertility policies history to further substantiate the hypothesis. Back in 1972, when Singapore's fertility rate was 3, it implemented several anti-natalist policies (like establishment of Family Planning and Population Board, promotion of sterilisation programmes, access to low-cost contraception, etc.), it was able to bring down fertility rates to 1.4 by 1987. But after 1987, the Singaporean government introduced pro-natalist policies (like government subsidised childcare, discouragement of abortion and sterilisation, increased maternity leaves to 12 weeks, etc.), it did increase fertility temporarily but in the long run fertility reduced further to 1.2 in 2015. Now if we compare the policy approach to fertility in France, we would see that there were sustained family support systems from before the time when their fertility rate was below 2 children.

We also take a look at South Korean fertility and fertility policies history. Historically, the state's anti-natalist policies included targeted fiscal disincentives; families exceeding the two-child limit were subjected to supplementary residential levies and elevated premiums within the national healthcare apparatus. The era was also defined by the implicit, if not explicit state support/non-objection to pregnancy termination – notwithstanding its prohibited status. All these led to the Total Fertility Rate (TFR) to drop from 2.8 in the 1980s to the significantly sub-replacement level of 1.6 by the following decade. By the early 21st century, alarmed by the stagnant birth rates, the government executed a series of pro-natalist

interventions. These measures included direct liquidity transfers, fiscal concessions, the expansion of statutory parental leave entitlements and the legal recriminalisation of abortion. However, these corrective measures have spectacularly failed to disrupt the downward momentum of fertility rates in South Korea, as the national fertility rate cratered to an unprecedented low of less than 1.0 by 2022.

As we see in both these cases, pro-natalist policies were introduced much later when fertility rates dropped below 2 children and we also observe that these policies have not yielded any long-term results. Although long term data tracking the year-by-year evolution of fertility ideals in Singapore and South Korea is scarce, the protracted period of ultra-low fertility (with active state support to that end) suggests a contraction of the fertility ceiling (ideal family size). It can be inferred that the generational normalisation of sub-replacement births has likely led to a downward recalibration of the ideal family size. Therefore, we might say that the period when both Singapore and South Korea implemented their pro-natalist policies was the period when both their actual fertility and fertility expectations were below the replacement level.

Results

If we see, we would notice that almost every country in Europe which has been able to sustain a relatively high fertility rate have invested in family support & other support structures to encourage fertility and subsidise costs of childbearing from the times when their

fertility rates were around 2. So, it might be hypothesized that countries where fertility intentions remain above 2 but actual fertility drops below 2, the discrepancy might be because of absence of accessible state support for families and childbearing from before the fall in fertility which effectively means that families are not able to meet their fertility intentions and if this low fertility remains for a long enough time, it might pull fertility expectations down, effectively lowering the upper limit of actual fertility. We also see that sustained and accessible family support systems introduced around the time when fertility is still above 2 or around 2, results in stabilisation of fertility rates and are able to yield results while pro-natalist policies when introduced after fertility drops far below 2 have a much lower chance of yielding any result. Hence, we see that countries are very much likely to retain relatively high fertility rates and keep their fertility rates above or around 2 for a much longer period of time if they invest in accessible state support and pro-natalist policies for families before the fertility rates drop below 2 as opposed to after the fertility rates drop below 2.

So, essentially it is important to understand that temporal analysis of pro-natalist policies and seeing at what point in the fertility journey of a country are pro-natalist policies the best to implement can be a very important aspect of research for developing countries. As countries in South and South-East Asia are seeing their fertility drop rapidly, it is high time for governments in these countries to understand the significance of pro-natalist policies and when to implement them.

FIGURE LEGENDS

Figure 1: The graph is purely for representational purpose and it helps to represent the scenario of fertility expectations and actual fertility rate in a diagrammatic manner.

FIGURES

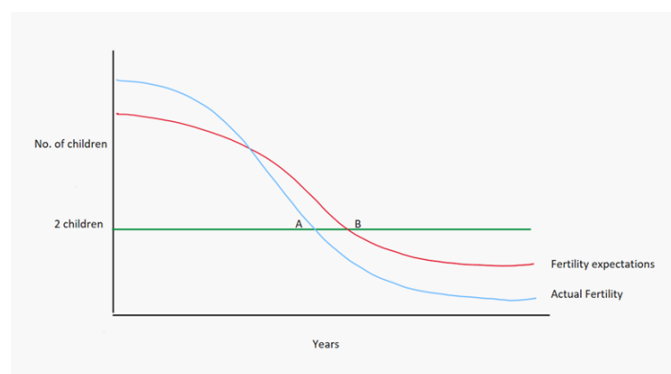


Figure 1: Here, the Y-axis represents the number of children (both intended and actual) and the X-axis shows the years or time passed. The threshold of 2 children is marked with a green line and the red line denotes fertility expectations and the blue line represents actual fertility. It is a representational graph to show the temporal changes in fertility expectations and actual fertility that a country usually goes through. Here, at point “A” in the graph we see that actual fertility drops below 2 children but fertility expectations remain higher than 2. At point “B” in the graph we see fertility expectations (ideal family size) too drops below 2.

Conclusion

From extant literature and an analysis of the patterns in said data, we could see that the countries which implemented pro-natalist policies and policies that aided and encouraged couples to have kids around the time their fertility rate was 2 or above 2 were far more successful at keeping their fertility rates stable than countries which implemented such policies after their fertility rates had dropped well below 2. We could observe the graphical representation of this idea for a better understanding of this phenomenon. We see a diminishing return on investment, as in \$1 spent on promoting fertility before point ‘A’ in the graph yields far higher return than \$1 spent for the same purpose after point ‘B’. Hence, we could also put countries into three zones on the graph, the zone before point ‘A’ could be called the “success zone”, in which countries like France and Norway lie. These nations implemented robust support systems for families before their actual fertility dropped below 2. The next zone can be called as the “transition zone”, this zone is very critical as the fertility rates drop below 2 in this zone but the cultural ideal of nurturing 2 or more children remain. India, could be a country that might fit into this zone as its fertility has recently dropped to 2 but many surveys indicate that the ideal still remains to be above 2. The third and last zone can be called the “point of no return”, countries like Singapore, South Korea, Italy, etc. fall into this category. These countries didn’t act either in the first or second zone and therefore they now fail to push their fertility rates up despite lucrative offers and incentives by the governments. The fertility expectations, which

represents the upper limit of fertility, if drops below 2, then raising fertility rates above the replacement level is almost impossible even with lucrative incentives by the governments for having children. This finding shows that the rate of fertility and the implementation of pro-natalist policies might have a connection. People are more likely to respond to pro-natalist policies when the fertility rates are relatively high (2 or above 2) than when the fertility rates are low (below 2.)

Limitations

This study looks at the possible relationship between the rate of fertility and the likelihood of people responding to pro-natalist policies by the government. It is a study of pro-natalist policies from a temporal view to see if policies implemented at a time when fertility rates are high are more likely to find success than policies implemented at a time when fertility drops to low figures. A primary methodological limitation of this research is its total reliance on existing secondary literature, as the project's constraints prevented the gathering of original survey data. This is particularly salient for the East Asian case studies, where the lack of specific, annualized surveys on familial ideals requires a more conceptual interpretation of demographic trends rather than a strictly empirical verification of shifted norms. Future studies utilizing primary longitudinal data would be necessary to confirm the depth of this generational shift. There are also a few gaps of data regarding the fertility ideals of Singapore and South Korea. The study has also not taken into account other confounding variables like

rapid urbanisation, escalating housing costs, etc. which simultaneously influence fertility rates. While it's fully acknowledged that demographic shifts are influenced by various socio-cultural, political and economic factors, this paper deliberately isolates the temporal view of fertility policy as the primary variable of interest. The purpose was to specifically test the hypothesis that prevailing fertility rates influence the success that a policy is likely to achieve, without the noise of broader fluctuations that also influence fertility choices.

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