Chapter Ten

Population Policies

Immigration Policy
Internal Migration
Fertility Policies
Economic Policy as Population Policies
The Role of the International Community: Conflicting Messages
Conclusion
Focus: Population Planning in Selected Regions
Methods, Measures, and Tools: Pass or Fail? Evaluating Population Policies

GOVERNMENTS AROUND THE WORLD have expressed an interest in (and oftentimes need for) controlling the size, distribution, and composition of their populations. Some governments may approach population policy from the need of reducing fertility levels, while others will wish to increase fertility levels. Other countries attempt to control the quantity and quality of immigrants entering the country, or control the "quality" of immigrants by legislating selective immigration policies. Most developed countries already employ various population policies, albeit in various forms and to various degrees of success. For governments that wish to control populations through policy,[1] policy levers can be used to target death rates, fertility rates, internal migration, and immigration. A fifth dimension—economic policies—may also have implications for population structure and size. Immigration, internal migration, and fertility policies offer the most direct policy levers for governments to pursue population policy. Rather than death policies, governments focus instead on health and health care provision and healthy aging, with the intent of enabling older individuals to lead more active and productive lives for a longer period of time before requiring care or institutionalization. As a general rule, life expectancies in the developed world have increased over the decades, reflecting these policies.

This chapter explores population policy options, stressing both their success and failures. In particular, it looks at fertility policy, immigration policy, and internal migration policies. The "Focus" section highlights China's controversial one-child policy, and the "Methods, Measures, and Tools" section evaluates the success of population policies.

IMMIGRATION POLICY

Immigration can produce significant long-term population growth even in countries where fertility rates are equal to or have dropped below replacement level.[2] In the United States, approximately 60 percent of the nation's population growth is due to natural increase (the difference between births and deaths), while immigration accounts for the remaining 40 percent. However, immigration plays a much larger role in population growth when the children of immigrants are accounted for, particularly in the United States, where the large Hispanic immigrant population tends to have fertility rates significantly higher than native-born Americans. Indeed, projections indicate that immigrants and their children will account for 87 percent of the nation's population growth between 2005 and 2050, changing the ethnic and racial composition of the country.[3] In Canada, immigration already accounts for over 50 percent of the nation's population growth, and it is predicted to be the sole source of population growth by mid-century.[4] However, immigrant fertility rates in Canada are more or less equivalent to those of the broader population as compared to the United States, meaning that Canada (and other developed countries that receive large numbers of immigrants) does not reap as much of a second generation as the United States does.

Given that fertility levels in the developed world are expected to remain low, and that there is also relatively little change expected in terms of mortality rates, immigration becomes the central component of population change, and immigration policy is the de facto population policy in Canada, the United States, and many other developed countries. Of the potential policy options, immigration policy provides an almost immediate and direct impact on a population through such actions as defining the number of immigrants allowed entrance in any given year, the source countries for immigrants, and immigrants' qualifications.

In particular, immigration has a large impact on the size of the working labor force, an important fact for economists and demographers alike as they look to who will pay for social-welfare programs in the future as the working population declines. In the United States, immigration, and high fertility levels amongst immigrants, is a significant contributor of population growth. Canada has also

used immigration to directly increase its population, with immigration accounting for approximately 70 percent of labor force growth. Canadian policy has targeted "economic" or "skilled" immigrants over the past decades, who bring with them specific tools needed within the Canadian economy. In Europe, the region has not been seen in the past as a major destination for immigrants (although short-term work programs are the exception), and current immigration numbers are insufficient to reverse population decline, while further increases in immigration levels may result in ethnic confrontation.[5] Governments choosing to increase immigration levels do so with greater risk, and several countries, including France and Germany, have witnessed anti-immigrant demonstrations in recent years. Most European countries have imposed strict immigration policies, and some have actively encouraged their foreign-born populations to leave.

Although immigration can be used to support a nation's demographic and economic growth, it can be a very poor tool for defining population policy. Newly elected governments may, for example, change immigration targets in response to various needs, whether these are a tightening of immigration flows in response to economic downturns or concern over national security issues, such as those visible as a result of the terrorist attacks in New York City in September 2001. Likewise, despite targeted numbers, the actual number of immigrants entering a country in a given year may exceed (or miss) the targeted number, while illegal immigration provides another route into a country.

Immigration policies have also exposed the difference between desired and actual outcomes—the so-called immigration "gap" that was presented in chapter 7. The United States is faced with a large gap between the realities of controlling immigration and politics, caught between the desire by employers for cheap labor and US-born workers whose livelihoods are threatened. These contradictions inherent in US policy can be observed in the Bracero program (1942–1964) of contract labor importation, which legitimized migrations between Mexico and the United States. In legitimizing immigration, it created long-term connections between the two countries and essentially condoned illegal immigration. The 1986 Immigration Reform and Control Act (IRCA) further exemplified these contradictions. Meant to solve the problem of illegal immigration, employer sanctions were put in place for those who hired undocumented workers. At the same time, IRCA immediately provided exemptions for California's agricultural growers to continue to use undocumented workers under the Special Agricultural Workers (SAW) program. Immigration control was further undermined when IRCA failed to require employers to check the veracity of legal documents. IRCA also provided amnesty for illegal aliens, allowing them to apply for legal status if they had been resident in the United States prior to January 1, 1982. While nearly three million immigrants were

legalized, the amnesty program did not meet its goal of reducing illegal immigration over the long run. Instead, apprehensions of illegals entering the country skyrocketed within three years, and it was clear that others were rushing to fill the need for illegal labor. Subsequent studies demonstrated that the law did not provide a substantial deterrent to illegal immigration.[6]

Some two decades after IRCA, the US government continues to debate immigration reform.[7] The Fair and Secure Immigration Reform proposal, tabled in January 2004 by former president Bush, proposed turning illegal workers into guest workers, with incentives to return home at the end of the employment certificate. A corresponding Democratic bill would have allowed illegal workers to become legal immigrants, while the Agricultural Job Opportunity, Benefits, and Security Act (AgJOBS) bill debated in congress in spring 2005 would have applied only to agricultural workers, allowing workers meeting specific criteria to apply for temporary legal status. Early discussion around President Obama's push for immigration reform has also included pathways to legalize illegal immigrants while restricting the number of temporary workers to what is required by the US economy, measures that are endorsed by major labor unions.[8] The common denominators linking Obama's proposals with earlier reform attempts are the creation of additional networks that link immigrants within the US and Mexican labor markets and additional illegal entry.

INTERNAL MIGRATION

In most countries in the developed world, internal population mobility is unconstrained. Indeed, the United States, Australia, Canada, and other countries are liberal democracies that permit and often encourage the free movement of their populations, with individuals free to migrate in search of economic advantage or other personal choices and settle in the location of their choice. The exceptions have included the forced relocation of First Nations groups onto nontraditional reserves as the country expanded and European settlers expropriated the land for their own use or the relocation of communities faced with natural disaster. In some developing countries, however, internal migration is either enforced or restricted through government policies. Indonesia's transmigration policy, for example, was a long-standing government program that relocated Indonesians from the island of Java to less populated areas by offering economic and land incentives. But the forced relocation also sparked violent confrontations between Christians and Muslims in 2000 and 2001, two groups that had long-term settlement patterns that were largely exclusive of each other but that were forced together through government relocation policies.[9] On the other hand, China followed a path that could be

described as restrained urbanization. Fearing an influx of rural peasants to its largest cities, China vigorously attempted to control internal migration through the Hukou system, which conferred "citizenship" to the locality of the mother. Citizenship conferred specific local benefits—access to health care, free public education, legal housing, and better access to jobs—that noncitizens were not eligible for. Under the system, individuals were broadly categorized as rural or urban workers. A worker seeking to move from the country to urban areas to take up nonagricultural work would have to apply through the relevant bureaucracies, and the number of workers allowed to migrate was tightly controlled.

Persons could change their citizenship one of three ways. First, permanent relocations were sanctioned through legal citizenship changes. Between the early 1980s and late 1990s, China authorized some 18 million citizenship changes a year, most of which involved rural-to-urban relocations. Second, individuals could temporarily relocate by holding a "visa," although it did not confer citizenship benefits in the temporary location. Third, individuals could migrate illegally, but were then unable to access local services such as health care and were subject to deportation back to their region of citizenship. Despite the risks and the lack of access to services, it is estimated that tens of thousands illegally migrated to China's urban areas in search of jobs.

Although restrictions on internal migration limited the growth of China's largest cities,[10] they did not succeed at curbing rural-to-urban migration. Instead, corruption and economic necessity drove "illegal" internal migration, despite a degree of social control that is unknown in most societies. Moreover, migrants were not necessarily the poorest of urban residents, and policies that restrict rural-to-urban migration are typically ineffective and hurt the poor.[11] Restraints imposed on population movement have also contributed to increasing social and economic inequality and the development of urban slums in China's cities, with migrants often living in dorms or urban villages characterized by poor living conditions. Since the late 1990s, the Hukou system has slowly been relaxed as China has reformed its economy, encouraging rural-to-urban migration and ensuring legal employment for migrants. Even still, access to some services is still restricted and based on citizenship, with ongoing concerns that the system has tempered China's economic growth.

FERTILITY POLICIES

Fertility Reduction: Antinatalist Policies

As we have already seen, fertility levels vary dramatically across the globe, ranging from very low fertility in much of the developed world and in particular Europe to very high fertility in portions of the developing world, including sub-Saharan Africa. While these differences partially reflect a developed world/

developing world divide, this is only part of the picture. Many countries in the developing world already have comparatively low fertility rates. While China's low fertility rate (1.6) has been artificially engineered through state control (see "Focus" section), fertility rates in other countries, such as South Korea or Taiwan, have declined largely on their own and beyond the scope of government intervention.

Fertility choices are generally perceived to be a personal, private affair. Indeed, the United Nations has affirmed the right of couples to determine the number and spacing of children. Despite this, most governments are, at least indirectly, interested in fertility rates, as these are harbingers of long-term population growth or decline, and many countries attempt to influence fertility decisions. For example, in countries where governments deem fertility too high, such as India, programs encourage lower fertility rates through family-planning programs that educate men and women on the benefits of smaller families and increase accessibility to and use of contraceptive devices. More stringent fertility programs, including China's one-child policy, have also been implemented in order to reduce fertility.

Although reductions in fertility have occurred, many governments, including Saudi Arabia, India, Sri Lanka, Pakistan, Niger, and Peru, still view their population growth rate as being too high. There has been growing recognition since the 1980s of the need to control population growth within developing countries, despite the complexity of trying to do so. In response, programs to reduce population growth rates by controlling fertility behavior have been enacted, ranging from laissez-faire to invasive. In the former case, India had initially hoped that generally improving economic prospects would ultimately lead to lower fertility levels, although changes to fertility behavior were not noted. Economic incentives to reduce the number of children or emphasize quality-of-life aspects associated with fewer children have also been promoted, but with limited effect.

More coercive and invasive programs have included sterilization. With mounting frustration over the failure of family-planning programs and economic development policies to bring about a decline in fertility, the Indian government instituted an enforced sterilization program in 1976. Officially, there was no coercion to participate in the program, but the fact that government employees needed to produce two candidates for sterilization, wide-scale bribery, and a series of disincentives, including the denial of licenses, essentially meant that sterilization was indeed forced upon the population. Although some twenty-two million individuals were sterilized, most were older males who had already achieved their desired family size, meaning that the program was once again ineffective in reducing total fertility.

Somewhere between these two extremes lies the provision of family-planning

programs. The uptake of such programs can often depend on the willingness of a population to use such services or its government to provide family-planning services to reduce fertility. The added benefit of such programs has been to educate individuals of the risk of sexually transmitted diseases, including HIV/AIDS. Although contraceptive use is increasing worldwide, in the developing world it is used more for control of the spacing of children or after desired family size is achieved, rather than to limit family size. In addition, only 23 percent of married women in their reproductive years use some form of modern birth control in many African nations, which compares with 69 percent in North America. Oftentimes, however, the use of contraception is discouraged by political, cultural, or religious beliefs. In other cases, condom use could jeopardize relationships, implying potential contact with HIV or engagement in sexually risky behavior. Not surprisingly, therefore, fertility reduction programs have met with varying levels of success and have reflected the outcome of changing societal beliefs rather than the outcome of a specific program more often than not.

Fertility Promotion: Pronatalist Policies

While many countries are faced with overpopulation and rapid population growth, a handful of countries are faced with the opposite problem, too few births, an outcome of the long-term trend toward lower fertility rates. Beginning in the 1970s, TFR fell below replacement levels (2.1) in many industrialized countries. Lower fertility rates have meant slowing population growth in some countries, such as Canada and Australia, while in other countries, including Ukraine, Russia, Germany, and Hungary, population decline has already started, meaning that deaths outnumber births. The elderly already represent greater than 15 percent of the population in several European countries, including Sweden (18 percent), the United Kingdom (16 percent), and Belgium (17 percent), with continued growth of the older adult population ensured. Europe's population will no longer increase naturally after 2015, with population growth instead coming from immigration. Assuming immigration remains at its current level, Europe's population will start to shrink by the middle of the century, a situation that is echoed in Canada. Although having the highest TFR in the Western world, the United States has seen increases in its share of the elderly population too, growing from just 4.1 percent of the population in 1900 to 12.4 percent in 2000 and projected to grow to nearly 20 percent by 2030.[12] Even in China, where the government has long been concerned with rapid population growth, concerns have turned to an aging population and its support. Anxiety over a declining population, an expanding elderly population, and a smaller labor force that is expected to support the

elderly has prompted concerns regarding the survival of social programs and a loss of economic and/or political power, and has led governments to explore ways in which fertility may be promoted. In both cases, other policies, such as access to legal abortion, child tax credits, or day-care services, indirectly influence fertility behavior.

Within most Western nations, the decline in birth rates below replacement levels has been linked to deep societal and economic changes.[13] Promotion of gender equity has meant that women have become increasingly educated and more likely to participate in the labor force. Increased employment and career aspirations have provided greater financial autonomy, contributing to declines in fertility as women seek careers outside their homes. Rising consumer aspirations further reinforce the opportunity costs of children, even as fears of unemployment, downsizing, and the uncertain future of the welfare state temper future economic prospects. Together, these effects have prompted many to either delay childbirth or to reduce the desired family size, challenging many long-held assumptions about the timing of marriage and children.

Though it is seemingly paradoxical, low birth rates and a slowing or decreasing population growth rate have their own set of problems. Although the consequences of an aging society are still unclear, many commentators have concluded that low fertility is a serious problem, having more disadvantages than advantages, making it a politically unsustainable position.[14] Fearful of "demographic suicide" and the economic implications of an aging population, many countries have adopted pronatalist policies intended to either promote fertility directly or ease the opportunity costs of children, with the hope that fertility rates will increase. Faced with slowing or declining population growth rates since the 1970s, Eastern European countries have the longest history of pronatalist policies.[15] Policies typically addressed the issue through a combination of financial incentives and restriction to contraception and abortion services. Meant to ease the opportunity costs of children, financial benefits commonly include paid maternity and paternity leave, free or reduced-cost childcare, and tax breaks for large families. Most of these programs are not advertised as fertility policy by explicitly targeting a desired number of children. Instead, policies are presented as antipoverty, prowoman, or profamily measures and are meant to influence socioeconomic conditions related to fertility decisions. Some countries, such as France and Australia, pay women for children. In France, the government pays women some $1,500 per month for each additional child. In Australia, falling fertility rates (TFR reached a low of 1.73 in 2001) prompted the government to pay families who have children a $3,000 bonus. Since then, the TFR has increased to 2.0 (2009), although critics suggest that it either represents a change in the timing of fertility (but no real increase in the number of desired children) or the "echo" of a large early 1970s cohort that are just now having children.[16]

ECONOMIC POLICY AS POPULATION POLICIES

National or regional economic policies often have a population component or impact on population policies along with population structure. In the United States, policymakers and business leaders are concerned with the slowing growth of the labor force as baby boomers age, with growth slowing from 2.6 percent growth per year during the 1970s as baby boomers entered the labor force, to 1.7 percent per year in the 1980s, to 1.1 percent in the 1990s. Over the coming decades, growth in the labor force is projected to be just 0.6 percent. Additionally, there are concerns that as baby boomers retire labor productivity will drop as more experienced workers are replaced by people with fewer years on the job.

Fearful of aging populations, declining labor force size and experience, and the support of their older populations, many governments in the developed world have moved to adjust labor force participation rates. For instance, governments have abolished mandatory retirement ages, have reduced or delayed retirement benefits, and/or now actively encourage labor force participation amongst the old. For instance, with the delay of Social Security benefits to age sixty-seven (from sixty-five) and the abolishment of mandatory retirement in the United States, labor force participation for those over fifty-five has increased since 1995. Other countries have enacted similar legislation and observed similar results. The hope is that the older population—individuals that society has typically defined as "retired"—will remain active in the labor force and largely self-supportive, while also paying into tax and pension funds. While the number that elect to delay retirement from the typical age of sixty-five (or earlier) remains small, the proportion is growing, with many baby boomers expecting to remain employed beyond the typical retirement age.[17]

Other programs, including those that promote gender equity or reading and literacy amongst women, are also closely associated with changing fertility preferences, with increased educational opportunities for women linked to lower fertility. Clearly, health care provision is also an economic policy. In general, countries that have invested in health and family planning have slower population growth rates and greater economic development than those countries that have not made such investments. However, health care systems are also casualties of high rates of population growth and stagnant economies that have limited development, modernization, and investment in basic health care services. Many systems are poorly funded or in ruin, preventing access to the most basic of health services.

THE ROLE OF THE INTERNATIONAL COMMUNITY: CONFLICTING MESSAGES

Early Efforts: 1950s–1970s

Although we like to think that reproductive choices are personal, states and their governments will often take either an active or accidental role in promoting fertility. Growing concern within developed countries with rapid population growth in the post–World War II era prompted international institutions and governments to try to influence fertility policies.[18] At first, the developing world was slow to respond to programs promoting fertility reduction, arguing instead that economic development was the best contraceptive. Population policies were also viewed as an infringement upon state sovereignty from former colonial or imperial powers. With stagnating economies, high child mortality, and an increasing realization that women wanted to limit their own fertility, governments in the developing world increasingly warmed to the idea that population growth should be slowed. The United Nations became the driving force through its sponsorship of the first meeting on global population in 1954. Other UN organizations, including the WHO and the United Nations Children's Fund (UNICEF), have incorporated reproductive health into their programs and under the auspices of the UNFPA.

The US government has taken a more independent approach, preferring to direct its money through its own Agency for International Development (USAID), reflecting its own concerns and policy goals.[19] Largely driven by security concerns that saw rapid population growth as a threat to US security via trade, political conflict, immigration, or damage to the environment, USAID has been the largest single donor to family-planning programs. Initially, programs emphasized family-planning practices or specific demographic targets but grew by the 1970s to provide contraceptive information and related health services to support child and maternal health. Critics have long argued that the programs were too narrowly focused, failing to respect religious beliefs or making insufficient investments in social and economic opportunities. Most notably, abortion opponents criticized US involvement in family-planning programs because of their belief that family-planning programs promote abortion. In fact, US law has prohibited the use of such funds to pay for abortion services since the 1970s.

Shifting Priorities: 1980s–present

The 1980s saw a significant shift in US population policy under the Reagan administration. Supported by economic optimists, including Julian Simon, who argued that world population growth was "good," the administration declared at the 1984 International Conference on Population in Mexico City that popu-

lation growth actually had a *neutral* effect upon economic development. Reflecting its connections with the religious right, the Reagan administration also opposed the use of funds for abortion services, withdrawing all financial support from any organization that provided such services even when using their own money to provide legal abortions. At the same time the United States was reversing its position on population growth, developing countries had largely stepped back from their earlier opposition to family-planning programs. Instead, the benefits of small families and the need to slow population growth were promoted. Despite US opposition, the 1984 conference ultimately supported family-planning initiatives and urged governments to make such services available.

After taking office in 1993, the Clinton administration waived funding restrictions set in place by the previous Republican administrations and increased funding to family-planning programs. Eight years later, the Bush-Cheney administration reinstated restrictions to family-planning programs within days of taking office,[20] returning to restrictions imposed at the time of the Mexico City conference, while President Obama reversed the restrictions again.[21]

The so-called "global gag rule" that was enforced during the Bush administration denied US funding to private overseas organizations if they used other (non-US) monies to provide abortion services or if they lobby for changes to the abortion law in their own country.[22] Unfortunately, such restrictions actually undermined the success of family-planning programs. Ultimately, the global gag rule undermined family planning's objective of preventing unwanted pregnancies and improving maternal and child health. In fact, the ubiquity of abortion suggests that there is a large unmet need for family-planning programs that can prevent the use of abortion services by providing counseling or other options.[23] In cases where legal abortion is not an alternative, women may choose illegal abortions, increasing the risk of death or injury when faced with an unwanted pregnancy. Family-planning programs can also reduce fertility levels by helping with birth spacing, improving the odds of survival of mother and child, preventing unsafe abortions, and reducing the incidence of sexually transmitted diseases, including HIV. Studies have clearly shown that as use of family-planning methods increases, abortion rates decrease, and that increased funding of family-planning programs reduces abortion.[24]

Leading up to the fifth UN conference on population, held in Cairo in 1994, discussions once again centered on the relationship between population growth and development. Despite the success of family-planning programs in the developing world, critics of these programs viewed them as an invasion of personal liberties. Instead, it was argued that family-planning programs should be better integrated into a broader view of health, and that women's well-being

should be of paramount importance. Responding to the critics, the conference redefined views of population growth and how to address it, linking population growth to sustainable development. Rather than focusing primarily on national interests, the conference promoted investment in human development, particularly the status of women. Family planning was to be integrated into a broader health agenda, including pre- and postnatal care, sexually transmitted diseases, and cancer screening. Infant, child, and maternal mortality and the alleviation of poverty were to be targeted, and universal access to family-planning services and primary school education and increased access by girls and women to higher education were promoted. However, abortion was not promoted as a method of family planning, clearly recognizing the legal, moral, and religious viewpoints on abortion within different countries.

Reviews of the 1994 conference were mixed. Many countries had articulated and implemented new population policies along with reproductive health programs. However, funding shortfalls by donor countries, including the United States and other developed countries, limited the reach and effectiveness of programs. The success of the Cairo conference must also be evaluated within the context of broader health reforms and economic liberalization. Many developing countries had already started to change their policies and institutions, promoting a broader health agenda that incorporated reproductive health and gender equity. For example, the World Health Organization's Health for All by 2000 (HFA 2000) program was an early promoter of societal health.[25] Initiated in 1977, HFA 2000 emphasized the promotion and protection of health realized through the provision of primary health care that stressed comprehensive basic services for all rather than sophisticated curative medical care for a few. Primary health care thus became WHO's basic strategy for health improvement, notable for its concern with factors supporting health, including water supplies, sanitation, education, and food supply, along with programs promoting child and maternal health and family planning. A particular emphasis was placed upon the health and education of children, adolescents, and women within the developing world. There is increasing recognition that childhood health is linked to health in later life. Consequently, improving early-childhood nutrition and greater access to immunizations, better hygiene, improved education opportunities, and safe water supplies have been promoted. Among women, for whom gender differences are often reinforced by societal or cultural norms, programs have targeted equity issues, working to narrow gaps in literacy, education, and income opportunities.

CONCLUSION

Population policy is clouded by a multitude of factors, including religion, social expectations, economic needs, and personal decisions. Despite China's one-

child policy, for instance, pressure within segments of China's population to have more than one child shows a continuing desire to have larger families, and the problems associated with a rapidly aging population have forced the government to relax its fertility policy in some cases. In India, despite a half-century of promoting fertility reductions, fertility rates remain relatively high, with a TFR greater than 3.0.

Not surprisingly, population policy, and particularly fertility policy, whether meant to promote population growth or decline, is difficult to facilitate and has achieved varying degrees of success. From the set of policy levers that can be used to control population change, immigration policy has had the most direct effect by controlling who and how many can enter a country. Immigration has been assumed to be an important source of population growth, although it is also potentially associated with problems of immigrant adaptation, ethnic and racial divides, and national security issues. Incentives to increase or decrease fertility are also widespread but have met with mixed success. China's success with fertility reduction is largely due to its one-child policy. While it reduced the country's fertility rate, the reduction has largely occurred because of the state's tight control over the population. The one-child policy has also come with costs that are increasingly visible, including the preponderance of male births and the dramatically smaller working cohort that must support China's older population. Other cases of fertility control, such as India, have been far less successful. Likewise, fertility promotion has only been partially successful. Partially because of this limited success or other problems, countries have also explored alternatives to fertility promotion by looking at other policy alternatives, including delayed retirement to keep individuals within the labor force or delaying the start of welfare programs, as the United States has done.

FOCUS: POPULATION PLANNING IN SELECTED REGIONS

CHINA'S ONE-CHILD POLICY

Identified as one of the most successful, albeit controversial, fertility control programs, China's one-child policy has received considerable lay and academic attention.[1] Initially, China's government viewed family planning and fertility reduction programs as suspect, assuming instead that socialism would ensure the equitable distribution of resources across society. By the late 1960s, however, China's leadership recognized the limits to growth and the need for population control. With a TFR in excess of 7.0, rapid population growth was acknowledged to hinder attempts to improve the economy and raise the standard of living. Beginning in 1979, the Chinese government advocated its one-child program, with the goal of stabilizing the population at 1.2 billion, accomplished through a combination of social pressures including propaganda, local po-

litical activism and coercion, increased availability of contraception and family planning resources, and a series of economic incentives and disincentives. For those committing to the program, cash bonuses were paid, with one-child families given preference in school admission, housing, and job applications in urban areas. In rural areas, the program was altered slightly so that families would receive the same food rations as a two-child family and the same-sized plot for private cultivation as a two-child family. Disincentives to large families were also employed, requiring families having more than one child to repay all benefits received.

By the late 1990s, China's total fertility rate had dropped below replacement, and is currently 1.6. The apparent "success" of the program seemingly follows from the ability of the Chinese government to exert control over the population to limit births, a recognized feature of China's communist society. The program's success could also be attributed to the promotion of personal and national economic benefits and the program's link to broader health issues, which together engendered the desire for smaller families within the Chinese population.

Yet even though fertility rates declined and population growth slowed, the program has not been without its critics. Internally, a significant proportion of the Chinese population resisted the one-child policy, reflecting deeper cultural issues or economic necessity and the importance placed on the birth of male children. Although higher financial incentives were also attached to the birth of daughters among couples who endorsed the one-child policy and the government's allowance of more than one child in some rural areas, the prospect of a one-child family meant that approximately 50 percent of families would not have a son. Poverty further reinforced the importance and contribution of male children to family welfare. As a result, couples frequently opted to disregard the one-child policy in their efforts to have a son, and have also turned to prenatal scans and abortion to prevent the birth of unwanted daughters, leading to an imbalance in the number of boys relative to girls and the "missing girls" phenomenon.[2] In some parts of China, there are approximately 135 boys born for every 100 girls. The typical difference (the "sex ratio") is 105 boys for every 100 girls, raising fears of the potential for social unrest as males are unable to find partners. Equally disturbing, reports of female infanticide and abuse of women who give birth to girls are not uncommon,[3] and it was suggested that the set of disincentives for higher-order births deterred women from seeking appropriate prenatal and pregnancy-related care, increasing the risk of death for mother and child.[4]

The true success of the program has also been questioned since declines in fertility can be traced to the 1960s. Fertility decline was furthered in the 1970s with government policies of delayed marriage, longer spacing between births, and fewer children, so that by the early 1980s the TFR had already dropped below 3.0. In other words, the decline in fertility levels would appear to have been well established by the mid 1970s. Far from inducing fertility decline, the one-child program may therefore have simply enhanced the motivation for smaller families, codifying family size as a national goal through the provision of a set of incentives and disincentives.

Continued economic liberalization will likely promote small families in the coming years as the direct and opportunity costs of children are realized, particularly in urban

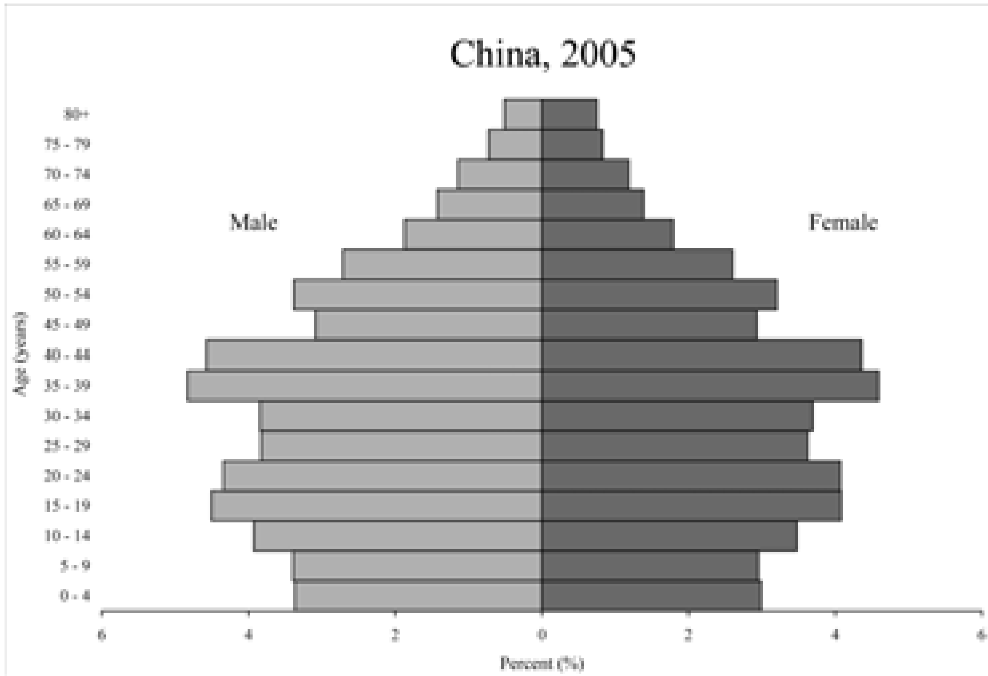

Figure 10F.1 China's Age Pyramid, 2005.
Note the larger proportion of young males and the population bulge as the labor force ages, with implications for the support of this aging population.
Source: US Census Bureau, IDB.

areas. Conversely, economic liberalization may also *promote* fertility among the poor as a means of ensuring their economic success in an economy that is increasingly separated by the rich and poor, leading observers to question whether the low rates of fertility can be maintained over the longer term. Even now, with China's estimated population of 1.3 billion in 2009, the original target population of 1.2 billion has been exceeded, owing to demographic momentum and the young age of the population. The government has already loosened its restrictions on early marriages and has relaxed its one-child policy, permitting two children in certain circumstances, suggesting that a substantial demand for larger families may remain within the population, particularly in rural areas where economic liberalization has increased pressure for children as a means of family support and production.

The Chinese have also recognized that the rapid reduction in fertility levels in just twenty-five years has resulted in a young population (aged fifteen years and less) that is substantially smaller than previous generations, creating a heavy burden of old-age dependency. Like many countries in the developed world, the Chinese government is trying to cope with an aging population and a shrinking labor force that supports the elderly.[5] Moreover, the erosion of traditional family structures means that children no longer care for their elderly parents, posing additional problems, making a further relaxation of the one-child policy to meet the problem of an aging population possi-

ble. At the same time, the Chinese government reaffirmed and codified the one-child policy in 2002, while also criminalizing coercive enforcement measures.[6] However, it is also a misconception that China has its population under control. Large-scale population movements from rural to urban areas have led to growing regional inequities, insufficient urban infrastructure, degradation of resources, and the potential for urban conflict given its Hukou system (see chapter 10).

PROMOTING FERTILITY IN QUEBEC, CANADA

Quebec, Canada's French-speaking province, provides an example of regional concerns associated with fertility and population size. Historically, birth rates within the province were higher than the Canadian average, as Quebecers resisted the adoption of contraception and fertility changes. Even in the late 1950s at the peak of the baby boom, Quebec's TFR was in excess of 4.0 children, giving the province one of the highest fertility rates in the industrialized world. The delayed uptake of newer fertility norms and contraceptive techniques reflected the control of the Roman Catholic Church and its traditional stance against contraception. In Quebec's case, the church also encouraged large families as a "demographic investment" that ensured the survival of French Canada within the Canadian Confederation.[7]

Quebec's demographic advantage was lost in the 1960s. The liberalization of the church and rapid emancipation of women contributed to declining fertility rates, enabling them to drop below the Canadian average. By the mid-1980s, Quebec had one of the lowest rates of fertility in the world at that time (1.37),[8] and its share of the Canadian population dropped from 32.3 percent at the time of confederation in 1867 to 24 percent in 2001. Responding to this apparent crisis, Quebec's Commission de la Culture reported in 1985 that the province needed to take action to counter demographic trends that threatened the province's existence as a "distinct society," an issue that has dominated provincial politics since its foundation. The commission and other commentators pointed out that the demographic situation threatened the political strength of the province and its cultural sovereignty, in addition to the problems of providing for an aging population. Robert Bourassa, then premier of Quebec, echoed the concerns of the commission by declaring that increasing birth rates was the most important challenge for Quebec.[9] In response, Quebec initiated a series of pro-fertility programs, including more generous tax deductions for children, higher family allowances, longer parental work leaves, and more day care opportunities. Beginning in 1988, the Quebec government also offered baby bonuses based upon family size, with five hundred dollars for the first child, one thousand dollars for the second, and six thousand dollars for the third and subsequent children, along with extended maternity leaves and family allowances. Revisions to this policy in subsequent years raised the bonuses slightly,[10] while an overhaul of the system in 1997 refocused allowances based on the number of children under eighteen years and household income, increased maternity leave benefits, and provided highly subsidized day care.[11] Overall, the success of these policies has been limited. Statistics Canada, for example, identified a slight recovery in Quebec's fertility rates in the years following the introduction of prona-

talist policies, with TFR reaching 1.6 in 1996 but dropping again to 1.5 in 1997 and remaining slightly below the Canadian average in 2000 with a TFR of 1.4.[12] By 2007, the TFR had reached 1.6, the highest rate in more than a decade.[13]

METHODS, MEASURES, AND TOOLS: PASS OR FAIL? EVALUATING POPULATION POLICIES

As evidenced by the discussion elsewhere in this chapter, population policies have offered mixed results at best. For instance, India's multiyear struggle to reduce fertility levels through various family planning programs and incentives has been problematic and piecemeal. Critics have charged that Indian programs have been inconsistent and have typically lacked direction, with demographic targets tied to oscillating rewards and disincentives. The program has also failed to offer more flexible birth control methods such as the pill or intrauterine device (IUD). Instead, it focused upon sterilization in a country that has historically low use of contraception. Other contraceptive techniques still represent only a small proportion of contraceptive use within India. India's lack of success runs deeper than inconsistent or narrow policy objectives by failing to account for the broader social context within which reproduction occurs, including the role of women, the interrelationship among classes, and the political consequences of fertility policies.

The failure of fertility reduction programs like India's is not unique, but is witnessed across the world and is more reflective of changing governments and their priorities than anything else. Even China's relative "success" in reducing fertility levels and constraining population growth must be viewed in the context of the dramatic and rapid shift in its age structure, which is rapidly becoming heavily skewed toward older generations, and the surplus of male births. Both problems may create social unrest and economic hardship in the coming years. More broadly, inconsistency in the application of family planning programs, undesired outcomes, or the failure to provide a range of contraception, for example, are seen elsewhere. Programs cannot be one size fits all and transplanted from place to place without recognition of differing morals and attitudes toward sex and contraception, as is the case in Africa. Instead, the reality is that different programs will likely need to be adopted for different locations and preferences.

Pronatalist policies and programs also have mixed outcomes.[1] Evidence suggests that the effects of pronatalist policies are short-lived and only moderately successful. Over the short term, fertility rates frequently increase, but the longer-term impact is less successful. If anything, most observers believe that incentives merely accelerate or alter the timing of the first birth, rather than changing the desired family size by increasing the number of "higher-order births" (i.e., second, third, or higher born children). Over the longer term, the relationship between financial incentives and other attitudinal factors related to fertility is difficult to measure and is unknown. Demographic fac-

tors, such as fewer women in their childbearing years, mean that total births are likely to remain low. Restrictions on access to abortion services also have a short-term effect on fertility as couples quickly adjust their own practices or resort to illegal abortion.

The success of immigration policies is also variable, where the inconsistent application or setting of immigration targets and admissions can result in fluctuating patterns and numbers over time. To complicate matters, changing global economic conditions or options can alter immigrant numbers. At the same time, efforts to curb immigration have often led to increased illegal "backdoor" immigration. Countries are slowly awakening to the realization that immigration policy is problematic. Whichever way they turn—either to restrict immigration or promote particular components of immigration—is not guaranteed to achieve the desired results. Attempts to decrease immigrant flows have proven largely unsuccessful in the face of economic restructuring and globalization. Increasing immigration is problematic in its own way, threatening ethnic, racial, or social instability while creating a cadre of low-paid workers that would reduce wages and compete for positions with the native-born. Opening the doors may represent a slippery slope that governments would not be able to back away from, with immigration further spiraling beyond their control. Both measures carry the risk of mixed messages that condone immigration on the one hand while reducing it on the other. Ultimately, the future shape of immigration policy is unclear.