

CANADIAN FAMILY VIEWS

INSTITUTE OF MARRIAGE AND FAMILY CANADA 

WHERE HAVE ALL THE BABIES GONE? THE “BIRTH DEARTH” AND WHAT TO DO ABOUT IT

SOME CALL IT THE “BIRTH DEARTH.” OTHERS REFER TO IT AS THE “EMPTY CRADLE” OR THE COMING “DEMOGRAPHIC WINTER.”

Yet, no matter what people call it, they’re talking about the same thing: the dramatic drop in the birth rate over the last fifty years.¹ In the words of U.S. author Ben Wattenberg, “never have birth and fertility rates fallen so far, so fast, so low, for so long, and in so many places, so surprisingly.”²

From the prestigious pages of *Foreign Affairs*, the *New York Times*, the *Washington Post*, the *Wall Street Journal*, and Germany’s *Der Spiegel*, to a rash of new books, experts predict this “birth dearth” in many countries could cripple future generations. As the baby boomers approach retirement age and the pool of young workers shrinks, anxious governments wonder if costly social programs such as medicare and social security will survive in the coming years. That includes the Peoples’ Republic of China, where roughly one out of every five of the world’s people reside.³

Currently gripping the attention of presidents, prime ministers and popes, the birth dearth touches virtually every facet of human life. Its magnitude and seriousness transcend partisan politics, for example uniting the conservative Wattenberg and Philip Longman, senior research fellow at the liberal New America Foundation in Washington, D.C., and author of *The Empty Cradle*. Unless present-day trends are reversed soon, it is likely to be the most pressing policy issue facing politicians, social scientists, opinion-makers, and ordinary citizens from all parts of the political spectrum as the twenty-first century unfolds.

Yet, while the rest of the world is waking up to the long-term implications of depopulation, Ottawa and the provinces (other than Quebec) have hardly stirred. Official Canadian inaction stands in stark contrast to what the *National Post* recently called the “dwindling size of Canadian families.”⁴ Canada’s rate of 1.5 births per woman is one of the lowest among industrialized nations, well below replacement level (2.1), and only sustained by large-scale immigration.

Nevertheless, polls say that Canadians believe families should be bigger. Thus, Canada’s elected officials and policy-makers should first acknowledge that the nation’s current fertility rate jeopardizes the country’s future, and then devise creative and just ways of boosting it in the coming years.

 THE ISSUE

Over the last half century, the debate over population has been dominated by essentially two groups. The first is made up of those who argued that the planet was over-crowded and unless drastic steps were taken to curb fertility major disasters, such as famines, epidemics, and massive depletion of natural resources, would create havoc across the face of the earth. Influential and wealthy individuals such as Ted Turner, Warren Buffett, and Bill Gates, as well as organizations like the Sierra Club, United Nations Fund for Population Assistance, and Zero Population Growth, have repeatedly insisted that the globe was infested with a “plague of people,” in Turner’s colorful language.⁵ Their rhetoric seems to have worked: billions and billions of dollars have been spent trying to prevent people around the world from having babies. Well-known environmentalist author Bill McKibben has advised men to follow his own example and rush out to get a vasectomy. He wants to make single-child families the “cultural norm” in order to save the planet’s fragile ecosystem.⁶

The second group which has dominated the debate over population is the international community of non-governmental family planning organizations (NGOs). At times these groups have voiced viewpoints similar to those of the first group, but officially their main concern has been providing the information and services that enable women and their partners to avoid unwanted pregnancies. However, their emphasis on reproductive choice notwithstanding, they also have been motivated by the belief that too many babies are being born to too many women in too many places.⁷

The combined impact of these two groups is a cultural climate that discourages people from having children. Yet the time has arrived to reconsider this approach to fertility. Today the much greater danger facing most nations is depopulation, not overpopulation. In few regions is the birth rate rising, and in most of the developed countries the rate has actually been dropping for decades. Europe’s birth rates have dipped well below the replacement rate of 2.1 children for every woman of childbearing age. France and Ireland tie for the highest rate at 1.8, but it’s 1.4 in Germany, and 1.3 in Italy and Spain. Russia’s population contracts yearly by 750,000 people, a situation president Vladimir Putin has called a “national crisis,” and other east European national populations are also shrinking, including Romania, Bulgaria, and Estonia. As *Washington Post* columnist Robert J. Samuelson wondered in 2005, are we witnessing the “end of Europe?”⁸

The news from Asia is similar. With a fertility rate of 1.3 children per woman, and virtually no immigration, Japan stands to shed a quarter of its population over the next four decades. The average age of its population is 43 years old, leading its minister of gender equality and social affairs to remark in late 2005 that there is “a sense of crisis” surrounding Japan’s future.⁹ Singapore, Hong Kong, Taiwan, Thailand, Burma, and South Korea, as well as Latin American nations Cuba,

Uruguay, and Brazil are all reporting sub-replacement fertility. South Korea recently announced it will spend \$20 billion (U.S.) to increase its birth rate.¹⁰

No nation on the face of the earth demonstrates the dire consequences of depopulation more than China. Since 1978 it has followed a controversial policy limiting most couples to a single child. Punishments for violating this one-child law have included the forfeiture of jobs and housing, severe penalties in a country whose government controls these sectors of society. Women who have been convicted of breaking this law have been forced to undergo tubal sterilizations or abortions. The policy has worked in that it has lowered China’s birth rate from about 6 children per woman to 1.7, but it has exacted a tremendous toll on the human rights of countless individual Chinese citizens and cast a dark shadow over the nation’s future.¹¹

As for Canada, its birth rate has dropped from about 4 children per woman in the 1950s to 2.34 in 1970 to a record low 1.51 in 2002. From 1979 to 1999 the fertility of Canadian women aged 25-29 tumbled by 25 per cent. Between 1994 and 2003 the annual number of births fell by 14 per cent. If current trends continue, by the time Canada celebrates its 150th anniversary in 2017 there will be more people over the age of 65 than under fifteen. In the words of Statistics Canada, “this would be an unprecedented situation” in Canadian history.¹²

If any major developed country is an exception to this global trend toward childlessness, it is the United States of America. The U.S. rate is roughly at the replacement level. America’s fertility rate has been slowly recovering since 1976, at which time it had reached an all-time low of 1.74. Yet even today, birth rates vary widely from state to state: Vermont’s is 1.6 while Utah’s is 2.54 and Texas averages 2.35.¹³

Because all these political jurisdictions ignored the issue of depopulation until very recently, most face similar problems today. The first such problem is that, as already stated, declining birth rates since the mid-20th century have combined with increases in life expectancy to produce aging societies whose tax-paying bases continue to shrink. Even the U.S. will not escape the consequences of an aging workforce: the cost of Medicare and Social Security will rise from 4.3 per cent of GDP in 2000 to 21 per cent in 2050, according to the Congressional Budget Office. In the coming years, as baby boomers get sick and die, there will be few young people to pay the medical bills.¹⁴

Many experts predict that aging national populations will boost support for the rationing of health care resources and the legalization of euthanasia, either in the form of physician-assisted suicide (PAS) or voluntary lethal injection.¹⁵ Indeed, in 2003 Chinese deputies to the 10th National Peoples’ Congress in Beijing called for “right to die” legislation. One deputy argued that “treating and spending money on terminally ill patients deprives others, who might be cured, of badly needed resources.”¹⁶ As of 2006 PAS is legal in only a few jurisdictions worldwide, but the ripple effects of depopulation guarantee that pressure to legalize euthanasia will not subside in future.

Another disturbing result of depopulation is its impact on the ratio between boys and girls. In both India and China, home to 40 per cent of the world's population, years of propaganda in favor of family limitation and the introduction of sophisticated medical technology have produced a gender imbalance heavily skewed in favor of males. As Britain's prestigious medical journal *The Lancet* reported in early 2006, prenatal gender screening enables couples to determine whether their fetuses are male or female, and in regions where boys are preferred and governments promote strict family planning the result has been the abortion of millions of baby girls (even though sex selective abortion has been illegal in India since 1994).¹⁷ Some forecast that the millions of unmarried, underemployed, unhappy, and rootless surplus men in the world's two most populous countries will threaten domestic law and order and endanger international security.¹⁸

Nor is this problem restricted to non-western nations; in Canada, France, Spain, the Netherlands, and the United States, countries with large immigrant populations, similar trends have emerged. Where couples enjoy access to up-to-date reproductive technologies, the species is being altered in a way never before seen in history.¹⁹

Given these global demographic trends, one might conclude that depopulation simply reflects what individuals want. However, polls say otherwise. People today ideally tend to want not only more children than they're having; they want more than the replacement rate. A 1997 Gallup poll of sixteen countries on four continents found that people would be happy to have more children if their societies validated bigger families. In Iceland, Guatemala, and Taiwan the average ideal family size was as high as three, while the mean number in Canada, France, Mexico, Singapore, and the U.S. ranged from 2.4 to 2.6. One in three Canadians said the ideal family size was three or more children. Significantly, there were no appreciable differences between men and women.²⁰ In 2004 Gallup reported that only three per cent of Americans thought the ideal family size was one child. In other words, the birth dearth is not driven by personal preference.

Thus, if individuals had the number of children they say they wanted there would be no birth dearth today. So, what is preventing men and women around the world from having bigger families? Knowing what caused the birth dearth will help to inform the complex policy decisions governments have to make to forestall the looming demographic winter.

CAUSES

Why have fertility rates been plunging throughout the world over the last half century? History tells us that several factors are responsible. One is abortion. Worldwide in 1995 there were 46 million abortions, 26 million of which were legal. Abortion totals in the U.S. have been falling since the early 1990s, but have increased in Canada over the same time span. In Russia, abortion is a primary reason for the "population implosion" in the former Soviet Union.²¹

Rising divorce rates, reflecting uncertainty about the future of marriages, tend to lower fertility. So, too, does the shift in populations from the countryside, where child labor is frequently an asset, to the city where children tend to be expensive. Additionally, greater literacy and educational opportunities for women mean more participation in the paid work force, and hence less and less time to raise children.

Other variables affecting fertility include age of marriage. In localities where couples marry young birth rates are highest, but where couples marry relatively late conception is more difficult. Also making conception difficult is the spread of Sexually Transmitted Diseases (STDs). Their negative impact on fertility is well documented.

However, perhaps the biggest cause of falling fertility rates is the increased use of contraception and its advocacy. In 1998 a RAND study estimated that 40% of the observed decline in fertility in the developing world from the 1960s to the 1990s was due to the impact of family planning programs alone, separate from other factors such as economic development and the changed status of women.²² Since time immemorial women have resorted to various methods of preventing pregnancy, but only in the twentieth century has science provided couples with birth control technologies such as oral contraceptives (the "Pill") and surgical contraception (vasectomy and tubal ligation). When the Pill was introduced in 1960 it helped to spark a contraceptive revolution, first in industrialized countries and then throughout the developing nations, although sterilization is now the most popular form of contraception, used by roughly a quarter of all couples internationally. At the turn of the twenty-first century 650 million out of 1 billion couples worldwide practiced some form of birth control.

Family planning groups and their supporters contend that their efforts to provide access to contraceptive services have been a just, humane, and healthy response to popular demand, notably from women around the world. But time and again the history of the birth control movement belies this claim. The effort to spread birth control around the globe has been punctuated by horrendous (and often little known) scandals, such as the early history of the "Pill." As the 1960s unfolded, reports mounted of weight gain, nausea, headaches, depression, ovarian cysts, blood clots, and loss of libido due to Pill use. Barbara Seaman's *The Doctors' Case Against the Pill* (1969), which vigorously asserted the health risks of the Pill, won her the reputation as the "Ralph Nader of the birth control pill."²³ One year later the U.S. Senate held hearings into the safety of the Pill, chaired by Wisconsin Democrat Gaylord Nelson.²⁴

Covered on television, the Nelson hearings, watched by an estimated 87 per cent of women between the ages of twenty-one and forty-five, shook confidence in Pill use. Eighteen per cent of Pill-taking women quit during the hearings, and another 23 per cent seriously considered quitting.²⁵ In the wake of the hearings, the US Food and Drug Administration ruled that a patient package insert should be adopted in America to warn women of the Pill's potential side effects. Fears of the Pill's link to cancer, and later to HIV infection, spread widely, with

76 per cent of Americans polled in 1985 saying they believed there were significant health risks with the Pill.²⁶

Other scandals from the history of the birth control movement suggest that the dividing line between family planning programs and old-style, eugenic policies designed to curtail the fertility of low-income, minority groups is frequently blurred.²⁷ In the United States native Indian and Afro-American communities were targets of aggressive sterilization campaigns in the 1970s, but the most infamous international example (besides the notorious Chinese “one-child” policy) of authoritarian contraception was what happened between 1975-1977 in India under Prime Minister Indira Gandhi. Then roughly seven million Indians were forcibly sterilized in a widespread program aimed at reducing population in the country’s teeming urban centers. News in 2006 that the state government of Uttar Pradesh in India has set an annual “target” of close to a million sterilizations evokes the grim memories of 1975-1977 and reminds us that the lessons of the past may not have been learned.²⁸ Indeed, in the 1990s a similar coercive government program led to the sterilizations of thousands of mostly poor, peasant Andean women in Peru.²⁹ All too often family planning has been indistinguishable from punitive population control in poverty-stricken regions in both the developed and developing worlds.³⁰ And all too often family planning groups appear to have equated the effort to enforce the human right to family planning, established by the United Nations in 1968, with the attempt to alter attitudes toward the number of children people want.

Yet, now that the most up-to-date social science demonstrates the severe disadvantages of falling birth-rates, the present moment seems suited to a reassessment of such anti-natalist thinking. A bipartisan consensus that the policy status quo regarding population is unsustainable is beginning to crystallize. The question remains: what can Canadians and their elected officials do to boost birth-rates?

SOLUTIONS

The first thing to do to mitigate the effects of depopulation is introduce economic policies that advantage parents. As columnist Dan Gardner of *The Ottawa Citizen* wrote recently, “it no longer pays to have kids.”³¹ Indeed, research shows that a top reason for putting off having children are financial challenges.³² To make children more affordable, in recent years other countries, as well as the province of Quebec, have introduced “baby-bonus” programs. Between 1988 and 1997 Quebec paid families as much as \$8000 (tax-free) for their third child.

Other countries, including Australia and France, have opted for the same approach to stimulating the birth rate. Australia’s baby bonus is part of an overall package of benefits that includes family tax credits and day care assistance. It appears to have worked immediately: the nation’s birth rate in 2004-2005 was the highest in nine years.³³ The same is true for France, whose rate of 1.9 babies per woman is one of the highest in Europe. There it literally pays to have babies.

Parents of a third child get \$1000 per month for a year, on top of a permanent monthly allowance of \$375, free child care, and a special \$1200 bonus when the child is born. France’s system of family-friendly incentives has drawn the praise of observers such as Canadian-born columnist Gwynne Dyer.³⁴

Similar reforms can be found in other countries, including Italy, Sweden, and Ireland. However, another effective means of rewarding Canadians for having children is reforming the nation’s tax policy which penalizes single-income families. Research demonstrates that a family with a stay-at-home parent normally pays higher taxes than a double-income family making the same total salary. For example, a childless couple making \$25,000 each and filing independently pay almost \$4000 less per year than a one-income family making \$50,000.³⁵ Since families with a stay-at-home parent tend to have more children than other households, it is both fair and logical to reduce the tax burden on one-income families if as a society we seek to increase the fertility rate.³⁶

A promising sign is that the new Conservative government is extending tax credits to parents of children taking part in organized sports, but why stop at sports? What about parents who pay for their children to take piano and dance lessons or classes in the visual and dramatic arts, or sing in a youth choir? Don’t they too deserve a tax break from the high costs of raising children?

All these incentives will help. However, Canadian legislators also should begin questioning why Ottawa and the provinces fund groups that for decades have been waging a struggle to reduce population. For years Ottawa has been funding organizations such as the United Nations Fund for Population Assistance, International Planned Parenthood Federation, and Planned Parenthood Federation of Canada (PPFC). International family organizations, such as the eugenic-oriented Association for Voluntary Sterilization (now called EngenderHealth), receive Canadian tax-payers’ dollars through the Canadian International Development Agency (CIDA).³⁷ Domestically, PPFC received over \$2 million in federal government funding in 2002, double what it received in 2001. In 2002 Ottawa accounted for 64% of PPFC’s spending.

South Korea has recently acknowledged that its current demographic problems are in part the result of population control policies, espoused by groups such as IPPF and EngenderHealth, enacted years ago. Canada should do the same and take the necessary steps to rectify the situation.

De-funding family planning organizations may strike some as turning back the clock on women’s reproductive rights. Yet de-funding does not mean stripping women of such rights. Nor does it mean pressuring couples to have more children than they want.

It simply creates a level playing field that includes groups which receive no public funding whatsoever. In a pluralist, democratic society every viewpoint on the issue of population has a right to be heard, and disseminating birth control information may enable couples to avoid unwanted pregnancies.

However, as University of Maryland economist Julian

Simon argued, the issue here is whether the power and funds of the government should be used to pay for campaigns that historically have tried to make people want fewer children.³⁸

Last, but not least, the federal government should follow the example of Latvia and other countries and draft a National Action Plan on Family Policy. Such a plan should contain practical steps toward the creation of a family-friendly infrastructure for the country. In the very least it will help to stimulate debate about the issues surrounding the stagnant birth rate in Canada and elsewhere.³⁹

Can these initiatives work? As the C.D. Howe Institute reported in 2002, and as history indicates, public policy does indeed have strong incentive effects on individual behavior. “People clearly respond to financial incentives, [including tax policy], even in matters as deeply personal as fertility. All the more reason, then, to ensure that the incentives created by tax and transfer policy choices match Canadians’ social goals.”⁴⁰

Thus, an impressive and irrefutable body of evidence points to the conclusion that as the twenty-first century begins to unfold the birth dearth will be a key concern for governments around the world and that something can in fact be done about. The grave implications of falling birth rates for public policies governing taxation, immigration, education, health

care, child care, law enforcement, national security, foreign aid, and international relations are likely to multiply in the coming years. More public education is needed to inform Canadians about the issue so they in turn can make educated decisions as individual citizens and prospective parents.

Philip Longman warns that with average family size so low upcoming generations will think the single-child family is the norm. By then, it may be too late to reverse current fertility trends.⁴¹ The only certainty is that public policy has the potential to influence individual decisions whether or not to have babies. Postponing pro-family policy reforms can only jeopardize our national future.

Yet, is there the political will to roll back the many disincentives to childbearing couples face in our society? Currently, the benefits Canadians receive are almost completely unrelated to whether or not they contribute future productive members to the economy.⁴² Are our governments prepared to state that we as a society value children? Are they prepared to back up these statements with action? Will they enact the reforms needed to make children more affordable?

Events in the coming decades literally will dictate the fate of entire nations, including Canada. The time to act is now.

NOTES



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