LOCALIZED FERTILITY POLICIES AND BELOW REPLACEMENT FERTILITY IN CHINA

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Background

Despite difficulties in estimating fertility level in China in the 1990s due to the lack of reliable demographic data, several recent assessments have converged on a consensus that China's national fertility level had declined to a level of a TFR around 1.5 by the late 1990s (Cai 2005, Retherford et al. 2005, Zhang 2003). Among the factors that may have contributed to achieving such a low fertility level is China's decades-long government birth control program.

China's fertility and population control policy, while a national priority for over two decades, has evolved to contain a highly localized feature. Localization of a national policy was a reaction to China's highly heterogonous demographic and social conditions, and it facilitated better policy implementation by a shared sense of responsibility between China's central and local governments. Policy modification and localization at the same time also create confusion over the nature of China's fertility policy. While more and more people realizing that China's fertility policy is not a "one rule for all" policy, few understand how and to what degree fertility policy implementation varies by locality and population. This paper examines the localized nature of fertility policymaking in China, and discusses the relationships between government policies and achieved low fertility levels in China's provinces and prefectures.

Data and Methods

Relying on policy and demographic information collected at China's over 400 prefecture level administrative units, this study attempts to provide a more a systematic and a more accurate quantitative summary of fertility policy implemented in China during the late 1990s. To quantify fertility policies in various localities and populations across the country, we coined the term "policy fertility," as a quantitative indicator summarizing the fertility level implied by the fertility policies implemented in a given region. We first summarize fertility policies at the provincial level. Utilizing data collected on fertility policy at China's next administrative level, that of prefecture, we quantify and estimate fertility levels targeted by policies at local levels. Based on such analyses, we arrive at an aggregate average national policy fertility as implied by fertility policies at local levels, and provide information on the geographic and demographic distributions of policy fertility in China. Policy fertility level provides a quantitative summary of China's current fertility policy. It informs what is pursued in terms of population control under the current fertility policies. It also provides a basis for evaluating the necessity and feasibility of China's current fertility policy, and for evaluating policy implementation.

To obtain policy fertility level for each prefecture, we estimate first the number of people in each prefecture falling under different policies. This is done by multiplying the proportion under each policy, provided by local family planning offices, by the total number of people in each prefecture, which is projected separately based on China's 1990 census. For each prefecture, the policy fertility level is the weighted average of fertility under different policies (summation of the products of policy and proportion of population under each policy). By aggregating population under different policies of all prefectures within a province, we obtain population composition by policy for each province and for each prefecture. To examine the relationships between policy required and achieved fertility levels, we compare our results of policy studies and recently estimated fertility levels for China's provinces.

Preliminary Results and Policy Implications

Based on our work so far, two preliminary conclusions can be drawn, and they seem to represent the whole picture of China's fertility policy from two opposite viewpoints. First, China's fertility policy encompasses much variation, both geographically and demographically. At both the prefecture and the province levels, policy dictated fertility level varies from that closely observing the one-child policy rule, to allowing two children or more. At the same time, birth control regulations drafted and implemented by China's provinces allow numerous kinds of exemptions to the one-child rule, based on considerations from the demographic to the political. These results highlight the complex nature of Chinese birth control policymaking and implementation, and dispute the notion that China is under a simple one-child policy rule. Indeed, both regional and demographical distributions of policy fertility show that the mode of the policy falls into the $1.3 \sim 1.5$ children per couple category (38 percent of the prefectures and 53 percent of the population, respectively). The majority of the Chinese population (more than 70 percent) live in areas with policy fertility at $1.3 \sim 2.0$.

Second, with all the local variations and exemptions to the one-child rule, the one-child policy remains a core element of China's fertility policy and exerts an enormous impact on China's demographic process. The one-child rule encompasses nearly 30 percent of all China's prefecture level administrative units, and over a third of China's national population. Moreover, in locales that allow couples with a first-born daughter to have a second child, which cover over half of China's population, about half of all couples there are also under the one-child rule effectively. Should all couples in various policy regions all follow the current fertility policies fully, more than 60 percent of all Chinese couples would still end up with only one child. Based on the local fertility policies and corresponding population distributions, we estimate that the overall average fertility targeted by the current fertility policies for China as a whole to be 1.47 at the late 1990s. This is a level that is far below the replacement level fertility.

Our study of policy fertility therefore seems to serve as an independent source of verification that desired fertility level by government policies and achieved fertility level have also converged in China. Coincidences aside, to have such a convergence between policy and reality would seem truly extraordinary, even for a country like China where the political wills of the leadership in controlling fertility is virtually unparalleled in the

world. But if fertility in China has dropped indeed to a level clearly below the replacement level, and believing as we do that fertility policies play an important role in checking fertility level, results of this study would suggest a serious need for Chinese policymakers to reexamine its stringent fertility control policy. If China wish to avoid serious negative consequences associated with below replacement fertility in the long run, its policymakers ought to formulate soon new policies to relax its stringent and yet seemingly effective fertility policies.