

Maintain a Low Fertility Level and Realize Sustainable Development

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China's population today is characterized by a "low birth rate, low death rate and low natural increase rate". While this has created a favorable environment for economic growth, new problems have also cropped up: continued population growth due to a large base number; population aging; incompetence of the population; and unbalanced development between population, resources and the environment.

Low Fertility Level

In March 2000, the Chinese government stated in an official document that it remains an arduous task in the years to come to maintain a low fertility level. However, exactly how low is low is a matter of debate. Most agree it is a dynamic, relative and evolving concept that varies from time to time and from country to country. The United Nations first adopted four as a benchmark fertility rate in 1965. But in 1990, it was changed to 2.5 and in 1992, further to 2.1, the replacement level. Most scholars believe that a low fertility level should be somewhere around the replacement level of a population.

For China, the fertility rate is subject to three factors. First, the level of socioeconomic development, which varies significantly between the east and the west, between urban and rural areas and between areas inhabited by the Hans and ethnic groups. Setting a unified rate is neither realistic nor necessary for the whole country. However, for each region, the fertility level should not be higher than the replacement level. That is to say, the average number of children for each family should not be more than two, or the lifetime fertility rate of women should not be higher than 2.1-2.3.

Should the fertility rate be as low as possible then? Not necessarily. There should be a limit for fertility decline, which is determined by two factors. One is that we must take into consideration the issue of population structure (including acceleration of aging and the sex ratio at birth). Generally speaking, a rapid decline in the fertility rate will lead to a significant change in the population structure and rapid development of aging, while rapid changes in the population structure will in turn negatively impact population itself, social and

economic structure and all aspects of social life. Another factor is the fertility behaviors of the family. A low fertility rate is impossible to achieve without public support. In rural areas, this means each family should be permitted to have no less than two children. In urban areas, the fertility level has in fact lowered to below the replacement level, and the average number of children each family may bear will not exceed 1.7 even without the limits imposed by the fertility policy. Nationwide, the average number of children for each household should fall within the range of 1.8-2.2.

A low fertility level is not the final objective, but a means to realize sustainable development. Too large a population and too rapid population growth pose obstacles to sustainable development. China's population size is now approaching 1.3 billion and continues to grow. Meanwhile, the quality of the population, which is positively correlated to sustainable development, should be improved.

As a matter of fact, in the above-mentioned official document, the Chinese government not only proposed quantifiable indicators for controlling the population size (by 2010 the total population to be controlled under 1.4 billion and the average annual birth rate not exceeding 15 per thousand), but also set forth goals for improving the quality of the population, including normalizing the sex ratio at birth, ensuring access of couples of childbearing age to basic reproductive health services, and informed choice of contraceptive methods.

Short- and Long-Term Goals

The long-term goal is to keep the total fertility rate of China's population at the replacement level, eventually realizing two children for each family for urban and rural areas.

A sampling survey conducted by the State Family Planning Commission in 1997 revealed that 1.9% of urban women preferred to be childless lifetime and 42.9% would like to have one child, with the average number of births desired being 1.6. The following table shows the evolution of China's population during 1990-2090, assuming that the fertility level in urban areas will

Change of some population indicators during 1990-2090

Year	Urban CFR (%)	Rural CFR (%)	Total pop. (Billion)	% of pop. aged 65 & over	CBR (‰)	NIR (‰)
1990	1.55	2.54	1.130	5.6	22.26	15.40
2000	1.70	2.10	1.288	7.0	16.47	9.64
2010	1.70	2.10	1.382	8.4	13.68	6.37
2020	1.70	2.00	1.468	11.7	13.36	5.17
2030	1.70	2.00	1.510	15.9	10.41	1.00
2040	1.70	2.00	1.507	21.5	10.59	-0.95
2050	1.70	2.00	1.475	23.0	9.73	-3.16
2060	1.70	2.00	1.408	26.2	9.16	-4.76
2070	1.70	2.00	1.335	27.6	9.34	-5.86
2080	1.70	2.00	1.253	27.8	8.82	-6.56
2090	1.70	2.00	1.171	29.2	8.86	-6.57

Source: Author's Ph. D. dissertation.

remain at 1.7 and that for rural areas 2.0.

The table shows China's population will peak at 1.512 during 2030-34, and then begin to decline. By the end of 2010, the total population will be controlled below 1.4 billion and the crude birth rate will be lowered to 15 per thousand, which matches the targets set by the government.

Continuing the Existing Policy

To realize the targets set in China's population and family planning programs, the current fertility policy must be continued. The current fertility policy includes promoting deferred marriage and deferred childbearing, encouraging one couple to have one child, allowing a second birth for couples who meet the requirements specified in the family planning regulations, and encouraging members of ethnic minority groups to practice family planning.

To achieve sustainable development within the present policy framework, this author suggests that for different regions, different policies may be considered. For this purpose, he divides the country into six regions based on their fertility levels.

The first is areas where the family planning program has been effectively implemented and the "one-child policy" strictly practiced. For this region, only children, born in late 1970s and early 1980s and now reaching the legal age of marriage, should be permitted to have two children.

The second is areas where the family planning program has been well implemented and the "one-child policy" practiced, with a second birth for husbands and wives who are only children themselves. These areas include cities and more developed rural areas where the

social security system is fairly developed and the cost of child-rearing is rather high, with the lifetime fertility rate of women averaging below 2.0 even if women of childbearing age are allowed to give a second birth. It is proposed, therefore, that the present fertility policy be shifted to a "two-children policy".

The third is areas where the family planning program has been well carried out and the "one-and-half-children policy" implemented. The "one-and-half-children

policy" is a policy that permits the following types of couples to have a second birth: Both husband and wife are only children themselves, either husband or wife is only child, or husband/wife whose first child is a daughter. It is proposed that all couples in these areas be permitted to have two children.

The fourth is areas where the family planning program has not been well carried out and the "one-child policy" has been promoted but not enforced so that couples generally have two children. The policy for this region, therefore, should continue to be the present "two-children policy", but more attention should be paid to prevention of early marriage, early childbearing and high-parity births.

The fifth is rural areas where the family planning program has not been strictly and effectively carried out and the "one-and-half-children policy" has been promoted but in reality, couples universally have more than two children. It is proposed that the impractical strict fertility policy be adjusted and that two children be permitted for each family while resolutely prohibiting high-parity births.

Finally, the sixth is poverty-stricken areas and areas inhabited by ethnic groups. These areas are characterized by socioeconomic underdevelopment, poor medical and health services and a high maternal and infant mortality rate. In these areas, each couple has been allowed to have two or more children. When implementing the family planning program here, the government should make great efforts to lower the maternal and infant mortality rate and improve maternal and child health care and the status of women.

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