

Definition of the term fertility transition history essay



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Fertility transition is often called “ quiet revolution” as it is a dramatic global social process which generated new demographic dynamism in the history of mankind. However, the less developed economies in the late twentieth century (“ latecomers”) have not been following the exact same path of fertility transition that developed economies in Europe before WWI (“ pioneers”) experienced and consequently, the speed and nature of fertility decline have varied among the pioneers and latecomers. Arguably, though mortality decline have been the prerequisite for fertility decline everywhere, there have been significant similarities and disparities between the paths of fertility transitions of the pioneers and latecomers. The causality of fertility decline is more complicated than mortality decline and it has been a much debated topic to determine how to weight the various causes of the transition by demographers, economists and historians based on their researches since the late 1940’s till today. Since the demographic transition is a global process, it is highly possible for latecomers to embark on the post-transition population namely aging population in more rapid dynamism than pioneers did earlier. Therefore, it is important to examine the drivers for fertility decline of pioneers and latecomers in order to understand the universal mechanism of demographic transition.

Before discussing the drivers for fertility decline, it is useful to review the demographic transition theory as it is a systematic effort to analyze the historical pattern of the quiet revolution. The theory was extracted from the European and North American historical demographic experience in the mid-twentieth century by Notestein and it has been the central concept of demographic study for decades. The theory suggests that there are three

stages of the demographic transition: 1) pre-transition stage characterized by high fertility and mortality, 2) transition stage characterized by declining mortality and after a lag, declining fertility with experiencing rapid population growth, and 3) post-transition stage characterized by low mortality and fertility and the life expectancy tends to be longer with the process of transition. By the late twentieth century, the rest of the world has been following the basic framework of the demographic transition theory, distilled from the European experience and fertility transition has become a global process. It is universally confirmed that mortality decline was prerequisite for fertility decline[1] or in other words, fertility decline occurs in response to mortality decline.

There have been many efforts in search of identifying the causality of fertility decline based on the European experience. The most orthodox approach is socio-economic approach which emphasizes urbanization, growth in individualism and secularism, and changes in the economy[2]. This approach was originally suggested by Notestein and later elaborated in subsequent literatures. From anthropological approach, Caldwell (1976 and 1982) argued intergenerational wealth flow by stressing the westernization and mass education which have popularized the idea of “child-centered” families[3] and the predominance of the nuclear family that shifted the direction and magnitude of intergenerational wealth flows[4]. Lesthaeghe (1983) suggested more cultural and ideational approach stressing the emergence of value such as secularism, materialism, individualism, and self-fulfilment as the fertility decline proceeded in parallel with cultural-ideational changes in Europe[5]. From micro-economical perspective, there was

Chicago School approach which applied micro-economic theory to rationalize fertility decline which emphasized the changing cost and demand for children with little attention to cultural context[6]. In the nineteenth and early twentieth century Europe, there were also other factors that contributed the fertility declines of pioneers such as improvement in birth control methodology and increase in migration to extra-Europe. While it is quite true that socio-economic factors played the significant role in fertility decline, “ it is impossible to be precise about the various causal factors behind the fertility transition”[7], as Notestein correctly mentioned. There are no two countries which have followed identical paths to transition as there are too many possible combinations of socio-economic, economic, cultural, ideational, and other probable causalities[8].

The demographic transition theory is able to predict that the demographic transition will occur in every society which is experiencing modernization, but it is still unable to forecast the exact outset required for fertility decline[9] apart from mortality decline being the universal prerequisite. Between the pioneers and latecomers, there are major differences in the process of demographic transition. In order to identify the drivers for fertility decline of each case, it is important to examine the divergences in the process which characterize respective patterns of transitions.

Firstly, there is a significant difference in fertility level in pre-transitional stage. In Europe, it was generally around 30 to 45 per thousand whereas it was almost 50 per thousand in Africa, 40 per thousand in Asia and 40 to 45 per thousand in Latin America. From historical and cultural perspective,

Chesnais (1992) argued that these were the results from “ the system of <https://assignbuster.com/definition-of-the-term-fertility-transition-history-essay/>

nuptiality or, more precisely, from the average age at which sexual relations commence”[10]and “ a model of early and universal marriage characterizes less developed countries, whilst in many parts of historical Europe, an inverse pattern of late and selective nuptiality prevailed”[11].

Secondly, there is a difference in the pace of mortality decline which is the prerequisite for the fertility decline as discussed. While the driver for the fertility decline is a combination of many factors, mortality decline is usually explainable in modernization of society which brings material wellbeing, major improvement in medicine, disease control and other public health measures. Therefore, as modernization and technology advances, it is relatively easier to decline the mortality. As a result of being latecomers in modernization, according to Kirk (1996), “ a mortality transition that took 75-100 years in Northern Europe to complete was achieved within 20-25 years in Eastern Europe and within even shorter periods in the less developed countries which came on the scene much later”[12]. However, the rapid improvement in mortality caused wider time lag between the mortality and fertility declines during the process of transition among the latecomers. According to Reher (2004), it was far shorter among the pioneers (5-10 years) than it was for the latecomers (30-40 years) and as a result, natural population growth rates hardly increased among the pioneers (8-12 per thousand) whereas latecomers experienced population explosion (25-29 per thousand)[13], which means that transition multiplier was higher among the latecomers. In many cases, it became a huge obstacle for the economic development since the population growth far exceeded the capacity of

economic growth. But once decline was set in the latecomers, the pace of fertility transition was far faster than the pioneers[14].

These findings suggest that there were major divergences between the pioneers and latecomers in the timing and pace of fertility whereas they share the basic framework of the demographic transition theory. As it is arguably confirmed that demographic transition is a part of modernization, it is certain that socio-economic factors such as urbanization, growth in individualism and secularism, and changes in the economy were the common drivers for the fertility decline. On the other hand, factors that govern the timing and pace of fertility transition such as culture, ideology, and value system would be the divergent in fertility transitions between the pioneers and latecomers.

In the diffusion of fertility decline, cultural context played important role as an agent in the pioneers. There was massive quantitative research by Princeton European Fertility Project from 1963 organized by Coale. While they discovered the fertility decline under the wide variety of socio-economic condition, they registered the importance of cultural context such as religion, language, region, and pattern of marriage to diffuse the fertility decline[15]. As Hirschman summarizes, “ the patterns and pace of fertility decline appeared to be more associated with regions that shared common languages and culture than with regions sharing common socio-economic features”[16].

Contrary in the latecomers, state intervention played the role of agent in order to speed up the fertility decline, instead of cultural context of the

pioneers. Due to their economic vulnerability, policy makers in 1960s to 70s in latecomers, many of which were newly independent countries, considered that high fertility was rational response to poverty and initiated family planning program as a key public policy in order to decline the fertility, decelerate the population growth, establish stable and modern society and develop the economy. As a result, the latecomers have experienced more rapid and synthetic fertility transition whereas the pioneers have experienced more gradual and natural transition.

There were two levels of rationales behind the adoption and implementation of family planning programs in latecomers. One is macro-level rationale that has elements of Malthusianism and the other is micro-level rationale that has elements of global feminism movement in 1950s[17]. Instruments of family planning programs were mainly aiming to challenge the marital pattern and increase the level of birth control. Its implementation and success hugely depended upon availability of medical and health service, progress of economic development, and social change such as change in value, freedom of woman, and secularization of behaviour. Demeny (1993) summarized that four factors which were particularly important in determining the successful fertility transition in relation to the family planning program: a) the direct cost parents must incur in raising and educating their children, b) the opportunity costs of children to parents, c) the contribution that children's labor makes to the income of the family, and d) the contribution of children to parents' economic security in old age relative to other forms of security[18]. Therefore, instruments of family planning policies should have good balance of bearing part of the cost of education and health (especially

of women), encouraging women to enter the labor force in order to delay the age of marriage and achieve economical independence, compulsory education of children and make child labor illegal, and increase access to contraception, reduce its cost, and compress resource to abortion[19].

However, there were serious oppositions against state-driven family planning programs as they required social changes and state became an agent to shape the new culture. Nationalist considered the birth control program as an attack on the numerical strengthening of country and it was subtle form of capitalism from rich countries and the religious fundamentalists opposed on moral ground. Some of them labeled the family planning program “ neo colonialism” and “ cultural imperialism” and their serious opposition made the family planning program unsuccessful eventually in some economies.

There are some assessments on family planning programs from development perspectives. A study done by Bongaarts (1993) classified 88 poor countries according to the average fertility decline with development index and index of family planning program effort. It shows that development without appropriate programs slows down the process of fertility decline, while the combined action of these two factors accelerated the process. Conversely, fertility remained high in countries where development was low and programs were weak or nonexistent[20]. Although the assessment from social change perspective is more difficult to measure as each country has different cultural environment, Rosero-Bixby and Casterline (1993) presented unique simulation of fertility transition with three sets of factors in fertility decline which was diffusion, supply of birth control methods, and demand for such methods. According to their study,

family planning programs initiated by state could be the key factor in opening up taboo areas, or creating a critical mass, which makes possible the diffusion process[21].

In conclusion, by and large, the latecomers have been following the trace of the pioneers in the frame of demographic transition theory. Although it is unquestionable that mortality decline is universally prerequisite for fertility decline and socio-economic factors have been the important drivers for the fertility decline, there was a noticeable difference among two groups in timing and pace of fertility transition which shaped the characteristics of respective demographic transitions. In pioneers, cultural context played important role for setting the lower fertility level in pre-transitional stage and the pace of fertility transition in response to the gradual mortality decline. On the other hand, in latecomers where the pre-transitional fertility level was relatively higher and the pace of mortality decline was rapid and often incurred population explosion outpacing the economic development, the state intervention played important role to drive the fertility decline by forming series of family planning programs. Generally the development without appropriate programs decelerated the process of fertility decline, while the combined action of these two factors accelerated the process. Some programs were not successful as they were not accepted in the indigenous cultural context due to the inflexibility to accept social change. Although it is difficult to evaluate such cultural factors in conventional quantitative analysis in both pioneers and latecomers cases, arguably they were the important driver in diffusing the fertility decline. This is to say that the cultural factors and flexibility to accept the social change have played

huge role in declining fertility while it is also true that there is a strong link between decline of fertility and socio-economic development. As the demographic transition has been the global process, these various case studies of fertility decline can possibly help to form the future public policy on population of post-transition stage.

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