### A very low fertility rate in Hong Kong: Challenges and Opportunities

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### Outline

- An overview of the fertility pattern
- A critical review of dependence ratio
- Implication on health care delivery
- Opportunities and challenges

# Population size refers to the mid-point of the respective years



### Population pyramid of Hong Kong 1976, 2003 and 2033





#### Change in TFR, Italy, France, Japan, Singapore, Hong Kong from 1950 to 2000, prospects to 2050





#### Total fertility rates of Hong Kong and selected low fertility economies, 1995 – 2002

Year	Asia	an economies		Non-Asian economies							
	Hong Kong	Singapore	Japan	Sweden	Norway	Netherlands	Australia	Denmark	UK	Germany	US
1995	1.3	1.67	1.42	1.74	1.87	1.53	1.83	1.81	1.71	1.25	1.98
1996	1.17	1.66	1.43	1.61	1.89	1.53	1.8	1.75	1.73	1.32	1.98
1997	1.1	1.61	1.39	1.52	1.86	1.56	1.78	1.75	1.72	1.37	1.97
1998	0.99	1.47	1.38	1.5	1.81	1.63	1.76	1.72	1.72	1.36	2
1999	0.97	1.47	1.34	1.5	1.85	1.65	1.76	1.74	1.69	1.36	2.01
2000	1.02	1.6	1.36	1.55	1.85	1.72	1.76	1.77	1.64	1.38	2.06
2001	0.93	1.41	1.3 <mark>3</mark>	1.57	1.78	1.71	1.73	1.75	1.63	1.35	2.03
2002	0.96	1.37	1.32	1.65	1.75	1.73	1.75	1.73	1.64	1.34	2.01

### **Reasons for decline of TFR**

Reduction on marital fertility rate (44%)

Change in marital structure: (56%) Increasing spinsters and late marriages Increasing Cross-boundary marriages (China and Hong Kong) Increasing age difference in marriage

### **Decomposition method for TFR**

### Definition

 $P_i$ :

Proportion of marriage in age group i

AMFRi : Age-specific marital fertility rate in age group

### **Results for decomposition of the change in TFR**

Proportion (%) of decline in the TFR attributable to change in

Age group	$p_i$	AMFR	Total	
15-19	5	-1	4	
20-24	18	7	25	
25-29	20	22	42	
30-34	9	9	18	
35-39	4	4	8	
40-44	<0.5	3	3	
45-49	<0.5	<0.5	<0.5	
Total	56	44	100	

### A new measure - WTMFR

• A Weighted Total Marital Fertility Rate (WTMFR)  $WTMFR = \sum_{i=1}^{7} w_i \times TMFR_i.$ 

*Wi* : Percentage of women get married in age group *i* to all married women

*TMFRi* : Total marital fertility rate for women get married in age group i

### **A new measure - WTMFR**

Comparison of TMFR and WTMFR TMFR: assumes that all women get married at age twenty. WTMFR: take the marriage percentage as weights, hence avoids the overgeneral assumption and has the same trend as TFR (birth outside wedlock is constant (7%) in HK)

#### Proportion of live births in Hong Kong by cohabitating parents, 1981-2003



#### **Comparison of TFR, TMFR and WTMFR**



### **Decomposition Results for WTMFR**

Age group	W_i	TMFi	Total
15-19	28	3	31
20-24	46	27	73
25–29	-14	16	Par   2
30-34	-7	2	-4
35–39	-1	<0.5	-1
40-44	<0.5	<0.5	<0.5
45-49	<0.5	<0.5	<0.5
Total	52	48	100

### **Reasons for decline of TFR**

Reduction on marital fertility rate (44%)

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#### Age-specific fertility rates of Hong Kong, 1971-2004



#### Mean age of mothers by live birth order, 1981-2003



### **Increase in Spinster**

For the same age group 15-49 Never married men > Never married women (7 6 8 5 0 v s 892100) However, due to the preference of gloom age pattern we estimate there will be about 135,000 women at marriage age can't find the partner in Hong Kong.

### A of never married Kaplan-Meier curve: Probability



### Median Age at First Marriage 1971-2004



### **Increase Cross-boundary Marriage**

Cross-boundary marriage in 2004, (HK Male and HK Female: 61.37%) (HK Male and Mainland Female: 33.77%) 590 cases to 13126 cases in 2004 (HK Female and Mainland Male: 4.86 90 cases in 1991 to 1888 in 2004

### Marriages composition 1991-2004



Year	HK Women and Mainland Men	Increased	Year	HK Men and Mainland women
1991	90	by nearly 21	1991	590
1996	269	times	1996	2215
2001	723	1991-2004	2001	5169
2004	1888		2004	13126

### **Increasing age difference in marriage**



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#### P(Age of Groom<Age of Bride)

				Age of Bi						
		16-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Number of Groom
District	16-19	62	31	3	0	0	0	0	0	96
	20-24	159	1046	286	34	4	2	0	0	1531
Age of	25-29	50	1357	5304	860	79	17	1	0	7668
Groom	30-34	15	512	3563	3508	393	47	7	1	8046
	35-39	6	146	894	1698	809	120	32	3	3708
	40-44	1	36	205	487	489	233	56	7	1514
	45-49	0	13	43	119	140	140	73	18	546
	50+	0	7	18	50	96	118	127	328	744
								Total Nun C	nber of Cases	23853

### Myths

#### Ageing is no big deal:

Speed and magnitude and 80% growth is from migrants. A smaller population size to Hong Kong is good:

Yes it is only true if we can choose who is going to stay. **Increasing fertility measures in overseas countries is useless:** The reduction of the TFR in other countries has levelled off around 1.3 but not in Hong Kong

Hong Kong can have unlimited supply of people from China, it is a city The supply is unstable and unreliable. Hong Kong has become less attractive in attracting migrants

#### Silver Hair Market

It might be true twenty years later but not now **Fertility is going to rebound soon NOT YET** about 1/3 from non-Hong Kong residents in 2005 Tempo effect versus Quantum effect

Not tempo. But real Quantum effect.

In 2001, Total Marital Fertility Rate (TMFR) was still around 2.2.

## It is the speed and the magnitude of the reduction of the fertility rate,



### **Demographic Ratio (DR)**

# $DR = \frac{0.14 \text{ and over } 65}{15 - 64}$

#### **Dependence** Ratio

Dependency ratios for Hong Kong population, 1976 - 2031



This positive "*population effect*" eases the pressure on countries to provide for the young and elderly and enabling more investment in economic and social development such as health, family planning, and education, in addition to providing women with more opportunities (United Nations, 2002, 2004)

### **Demographic window**

Benchmark:

1 dependent to 2 independents Total dependency ratio (TDR)=0.5

When the population's TDR shifts below 0.5, it gives a golden opportunity for the community to improve the quality rather than the quantify of the population.

#### Window closes earlier when the age truncating for total dependency ratio changed



# Change in young ratio <15, ageing ratio 65+ & total dependency ratio in Hong Kong, from 1950 to 2000, prospects to 2050



Source: United Nations World Population Prospects: The 2002 Revision

#### Change in labour participation rate, by age and sex, Hong Kong, from 1985 to 2001 and prospects up to 2019



### **Implications: Health**



### Health (continue)

Age distribution of of patient days utilisation, HKSAR, 2000-2029 (Yip and Law, 2003)





### **Health Care implications**

Sources of Support:
Family members support: decreasing
Government support: Increasing
Health Care Protection account: The existing cohort of those aged 40 or above might not have enough.

### **Migration: slow down ageing**

Figure 2 - Age distribution of observed population (with migration) of Hong Kong in 1998 and its projected population (with no migration) in 2048 with Total Fertility Rate (TFR) of 0.98, 1.57 and 1.93 respectively



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### The difference between the proposed and the official projection

Comparison of official projection and new projection, HKSAR, 2000-2029



### **Three-fold challenges**

How to revert the low fertility:

**Replacement Migration:** 

Healthy Population:

### Low fertility

- About 60% reduction is due to change of marital distribution rather than the reduction of marital fertility.
- Promoting fertility, CS suggested to have three. However the married one on average have 2 already.
- Engage the newborns from Mainland born mothers in Hong Kong
- Family friendly work practice: including longer maternal or paternal leave for parents, child care facilities, tax reduction and shortening of

### **Replacement migration**

- About more than 80% of the population growth from migration.
- The new comers rejuvenate and inject new blood into the community.
  - They are not coming and not very stable (38100 one-way permit holders in 2004; 55,000 in 2005).
- Impact on the labour force: postponement of the retirement age.
- Successful experience in Shanghai about 30% are newly migrants

### **Healthy Population**

- Life-long health promotion and practiceHealthy life style.
  - Prevention: to prevent unnecessary health cost: for example, abortion, smoking and attempted or completed suicides

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