

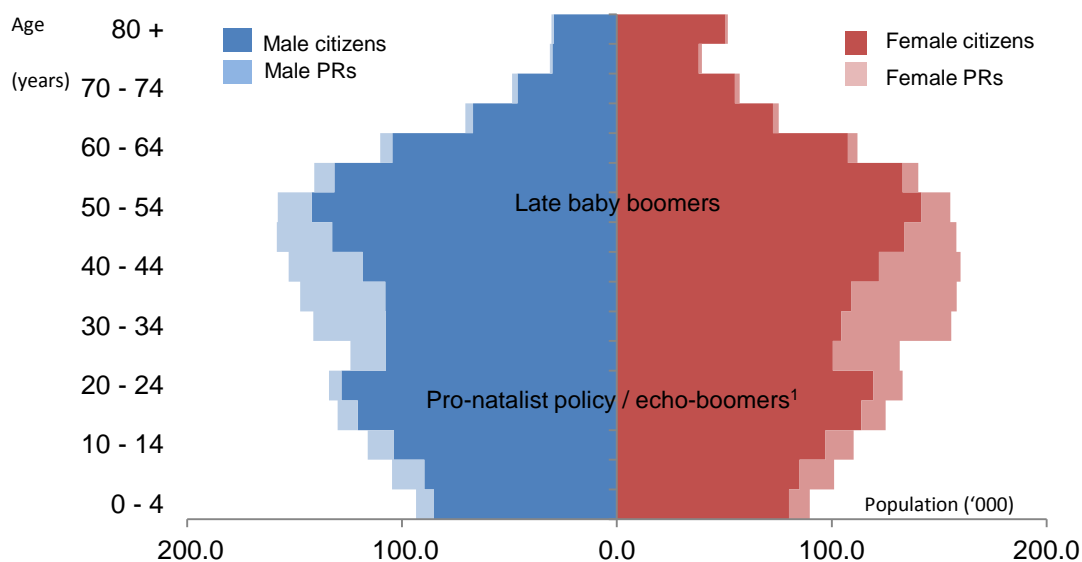
Catching the Next Wave in Singapore's Population Story

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The Generational Window of Opportunity to Raise the Number of Births

Singapore's citizen population profile shows a bump in the cohorts aged 15–24 years; there are 19 per cent more citizens aged 20–24 than there are aged 25–29 (Chart 1). The expansion in the numbers of these cohorts can be largely explained by Singapore's shift to pro-natalist policies¹ in the late 1980s and an “echo-boomer” effect, i.e., these were children born to Singapore's late baby-boomers, those aged in their 50s today, who would have been in their peak child-bearing years when the pro-natalist policies took effect.

Chart 1. Age pyramid of the Singapore citizen and resident population, June 2013



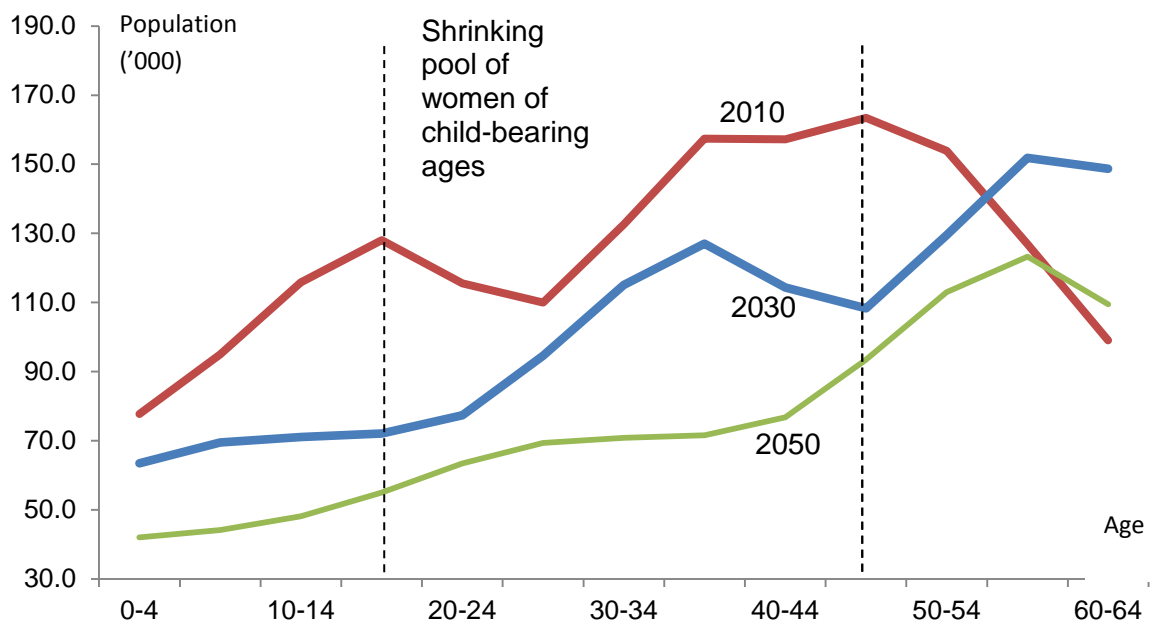
Source: Adapted from Department of Statistics, Population Trends 2013, p31, and National Population and Talent Division, Population in Brief 2013, pg 16, annotations by authors

¹ The “Stop at Two” policy was replaced by a “Have three [children], or more if you can afford it” policy in March 1987. Third child tax incentives were improved; public housing upgrading priority was offered to those living in three-room or larger public flats who have a third child born on or after 1 Jan 1987; and disincentives against third and higher-order births for primary school registration were removed.

Women currently in the 15–24 age group will be in their “biologically optimal child-bearing years”² in the next 10 years or so. There is thus a significant opportunity to boost citizen births during this time.

If we miss this wave of 15–24 year-old women and fertility continues to remain ultra-low or even decline, the pool of women in the resident population in the child-bearing ages is likely to shrink as shown in Chart 2 below.

Chart 2. Resident female population aged 0–64 years in five-year age groups (2010, 2030 and 2050)

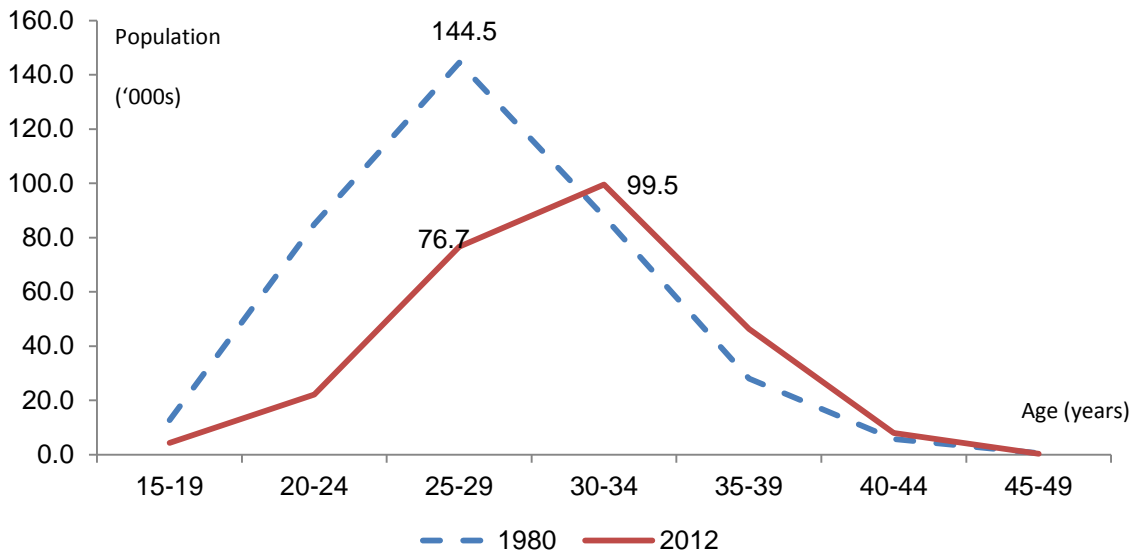


Source: IPS resident population projections (Scenario 1: TFR at 1.24 with no in-migration)

Age-specific fertility comparisons of women currently of child-bearing ages with their mothers indicate that not only has fertility in the prime child-bearing ages (20-35 years) shifted markedly lower (Chart 3), but the pattern of peak child-bearing is also moving toward ages when physiological constraints could begin to cap the potential improvement in the Total Fertility Rate (TFR) from the tempo effect (postponed child-bearing finally taking place).

². See “Best age for childbearing remains 20–35 — Delaying risks heartbreak, say experts” (<http://www.medicalnewstoday.com/releases/30737.php>) and “Which career first?”, editorial, *BMJ*. 2005 September 17; 331(7517): 588–589. doi: [10.1136/bmj.331.7517.588](https://doi.org/10.1136/bmj.331.7517.588)

Chart 3. Age-specific fertility rates 1980 and 2012 (births per 1,000 females)



Source: Department of Statistics, Population Trends 2013, Table 4.3.

Chart 4. Singapore resident population age structure in 2050 if TFR rises to 1.4 births per woman by 2020

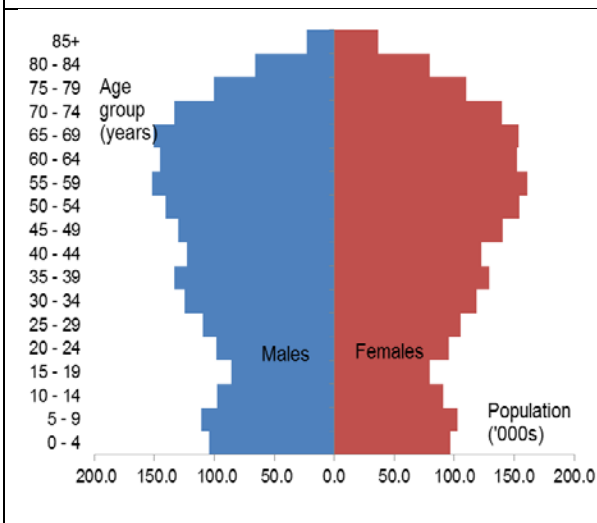
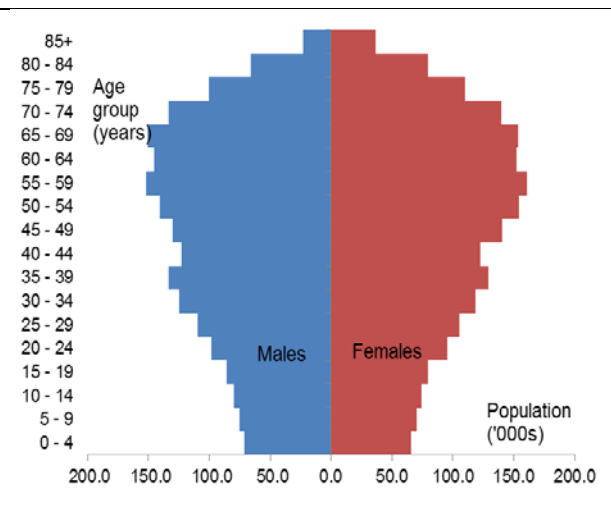


Chart 5. Singapore resident population age structure in 2050 if TFR remains at 1.2 births per woman

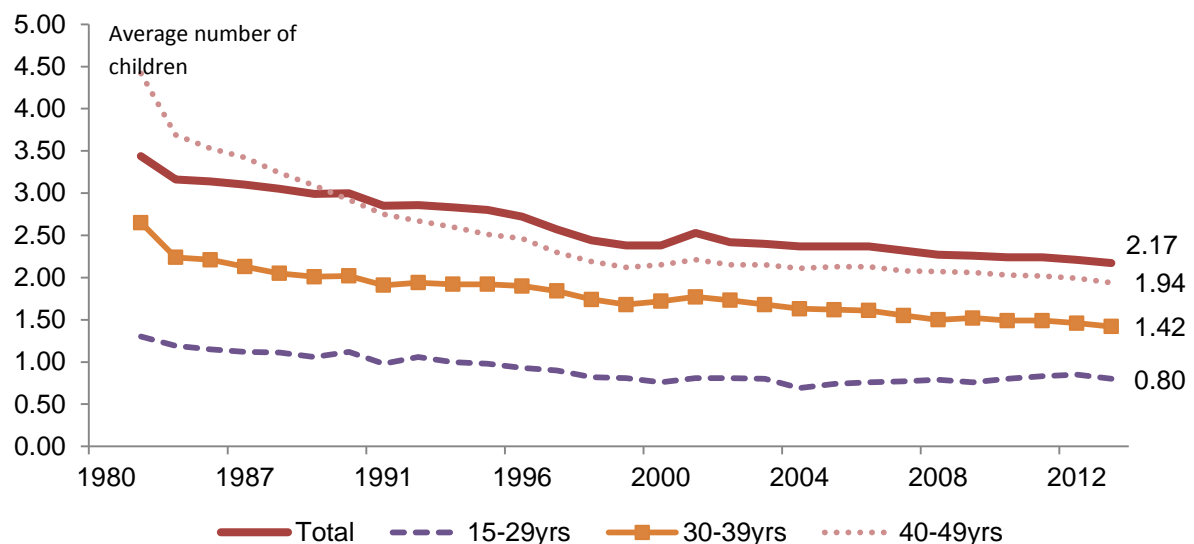


Notwithstanding this, through a combination of a larger cohort of women entering prime child-bearing ages (the echo-boomers described above) and delayed child-bearing by women in their 30s and early 40s actually taking place, it is possible with an increase in the TFR to 1.4 births per woman by 2020 (and staying at that level through 2050) that we end up with a population age structure that looks more like a column and a more stable population

structure (Chart 4) than a kite-shaped one if the TFR were to remain low at around 1.2 births per woman throughout (Chart 5). A TFR of 1.4 in 2020 would represent an additional 7,000 births in that year, as compared with the scenario if the TFR remained at 1.2 births.

The societal, economic and psychological factors that have led to the adverse fertility trends over the past three decades may take a while to reverse (Chart 6). The government's ability to intervene in what are personal lifestyle decisions for today's women entering the peak child-bearing ages may be limited (and many initiatives and incentives have already been introduced in several Marriage & Parenthood packages since 2001), but perhaps the focus should now be turned towards these pro-natalist or echo-boomer generations in terms of information-sharing on the costs, health risks and legal implications of artificial reproductive technologies, as well as increased education on age-related reproductive health matters to this group.

Chart 6. Average number of children born by age group of ever-married resident females, 1980–2012



Source: Department of Statistics, Population Trends 2013, Table 4.4

In tandem with building awareness for the risks and costs of artificial reproductive technologies, an open and rigorous research-centred environment for such technologies would ultimately allow families to make better-informed choices, as well as possibly removing legal barriers that may prevent women from making choices that could aid, rather than limit their fertility.

The views expressed are the authors' and do not represent those of the Institute.

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