

Chapter 5



Fostering a Supportive
Environment for our

People to
Form and
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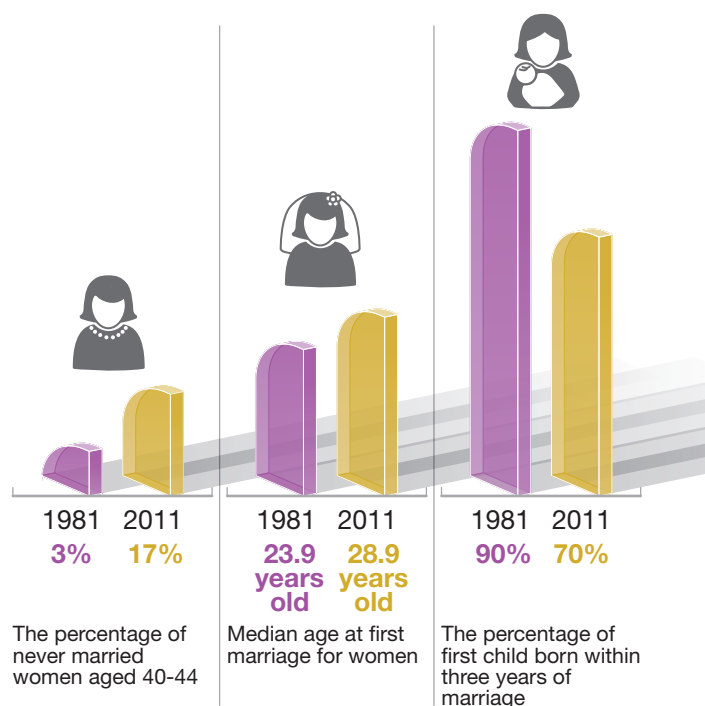
5.1 As the building blocks of society, families are crucial to our economic and social well-being. An evolving labour market, the increasing participation of women in the workforce, the growing prevalence of childless families and a rise in divorces are changing the face of local families. These trends have also contributed to Hong Kong's low fertility rate.

Box 5.1 Promoting family core values - the work of Family Council

The Family Council was set up in 2007 to provide a high-level platform for promoting a culture of loving families in the community. In 2013-14, the Council will continue to advocate families as a main driver for social harmony through the "Happy Family Campaign" and "Happy Family Info Hub". The Council will also relaunch the "Family-Friendly Employers Award Scheme" to encourage family-friendly workplace practices.

Why are Women Having Fewer Children?

5.2 As in other Asian economies such as Japan, Singapore and Taiwan, the low fertility rate in Hong Kong is marked by decreasing marriage rates and a tendency to postpone marriage and childbearing. The percentage of never married women aged 40-44 was 17% in 2011, up from 3% in 1981. Our median age at first marriage for women was 28.9 in 2011, compared with 23.9 three decades ago. In 2011, only 70% of first children were born within three years of marriage, down from 90% in 1981.



5.3 Delayed marriage shortens the childbearing period. In addition, women become less fertile the older they grow. A woman's fertility starts to decline in her 30s and this decline accelerates after her mid-30s. One consequence of this is that many more women remain childless or have fewer children contrary to their wishes. The Survey on Family Planning Knowledge, Attitude and Practice in Hong Kong 2012 commissioned by the Hong Kong Family Planning Association (KAP Survey 2012) showed that more than half of the women polled wanted to have two children but in reality could only produce 1.2. The problem is that when women defer having children until they are in their 30s, many simply run out of time and end up with only one child or childless.



5.4 A wide range of factors are contributing to later childbearing and lower numbers of children being born. These include the higher educational attainment of women, their growing aspirations to be economically active, the psycho-social stress in raising children, unequal share of childcaring responsibilities between genders and the growing acceptance of childless families. While these changes in values and beliefs are likely to have contributed to lower fertility and later childbirth, other factors are obviously at work in Hong Kong's context.

5.5 Young couples face a number of everyday practical issues when they contemplate having children. These include difficulties finding affordable housing as well as suitable and quality childcare and education services, in addition to the need to balance parenthood and career against Hong Kong's highly competitive and demanding work culture.

5.6 The KAP Survey 2012 revealed that "too much responsibility" and "heavy financial burden" are the two main concerns cited by those who did not want to have children, or more than one child. What seems certain is that considerations about the social and financial costs of having and raising children play a key role in the decisions of Hong Kong's couples of whether to have children. The same survey also found that the higher the education and income level, the higher the proportion of female respondents without children.

Box 5.2

How do other countries respond to low fertility rates?

Asian countries such as Japan, Korea and Singapore have adopted family support policies largely driven by fertility concerns. But the response has been less than satisfactory - fertility rates remain low at 1.39, 1.24 and 1.20 in 2011 respectively.

Among OECD countries, some Northern European countries such as Denmark and Sweden stand out from others, with fertility rates returning close to the replacement level of 2.1. Policies in these countries that help women combine career and family seem to have the unintended effect of raising fertility levels. But positive policy outcomes come at a high cost. In Denmark and Sweden, public spending on family benefits accounted for 3.9% and 3.75% of their GDPs in 2009, while their tax to GDP ratio was close to 50%.

Family support policies in overseas countries usually take the form of direct subsidies or allowances (such as tax deduction, cash allowance to help meet direct costs of pregnancy, assisted reproductive technology treatment etc.) and other benefits to reduce the opportunity cost of childbearing (such as paid parental leave, subsidised childcare and after-school care, family-friendly workplace practices including flexible working hours). A study by the think tank RAND Europe in 2011 suggested that policies that reduce the opportunity cost of having children seem to have a greater influence on fertility than direct financial incentives.

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Box 5.3 Provision of Assisted Reproductive Technology (ART) in Hong Kong

Public sector

At present, the Hospital Authority provides infertility treatment services at nine public hospitals to legally married couples aged under 40, mainly Artificial Insemination by Husband (AIH) and In-vitro fertilization (IVF). IVF treatment is available in three ART centres, namely Kwong Wah Hospital, Prince of Wales Hospital (PWH) and Queen Mary Hospital (QMH). The current subsidised charges for each IVF cycle range from \$4,000 to \$12,000. Self-financing patients can receive services offered by the two Universities at PWH and QMH, with shorter waiting times but at higher charges.

Private sector

Of the existing 41 private licensed ART centres, 30 provide AIH treatment and 11 offer services such as sperm washing, IVF and embryo transfers. The estimated charges for one cycle of AIH range from \$8,000 to \$16,000 and packages for IVF procedures cost from \$65,000 to \$100,000.

Hong Kong Family Planning Association (FPAHK)

FPAHK provides clinical assessment, investigation and appropriate treatment for infertile couples. In early 2013, FPAHK started to offer AIH treatment to couples on a self-financing basis.

Should Government Do More to Raise Birth Rates? If Yes, What?

5.7 To some people, the question of childbirth is a family matter that should not involve government intervention. Some also consider that child caring is a family responsibility and the burden should not be shifted to taxpayers or employers. Others doubt the effectiveness of pro-birth policies or family support measures in raising fertility, in view of the mixed results achieved elsewhere. There are also questions on the relevance of overseas measures in Hong Kong's context. Public views are bound to be diverse as to whether we should spend substantial resources on measures to raise fertility in light of other competing policy and livelihood issues.

5.8 The SCPP agrees that the Government should not interfere with the childbearing decisions of individuals. Noting from the KAP Survey 2012 that significantly more respondents than before considered that financial incentives and family-friendly measures would increase their desire to have children, ***the SCPP considers that a more supportive environment for forming and raising families should be explored.*** But this should be balanced against the additional financial burden on taxpayers and employers, the Government's other more pressing spending priorities due to ageing population, and the need to maintain a low tax regime.



Your views sought



Would the following measures be effective to help people form and raise families? If yes, to what extent?

- direct subsidy or allowance to help meet pregnancy expenses
- improved access to ART treatment
- family benefits or services (e.g. paid parental leave, subsidised childcare and after-school care services)
- family-friendly workplace practices (e.g. flexible working hours and home office)
- raising public awareness on the implications of delayed marriage and childbearing on fertility

How should the cost of such measures be met and shared among general taxpayers, employers and employees?

What can we do to help young couples overcome the major hurdles of affordable housing, education and childcare?

Links for further information

The Fertility Trend in Hong Kong, 1981 to 2011, Census and Statistics Department
www.censtatd.gov.hk/fd.jsp?file=B71211FB2012XXXXB0100.pdf&product_id=FA100090&lang=1

Statistics on Marriage, Fertility and Family Conditions, Census and Statistics Department
www.censtatd.gov.hk/hkstat/sub/gender/marr_fert_and_family_con/index.jsp
www.censtatd.gov.hk/fd.jsp?file=B11303032013AN13B0100.pdf&product_id=B1130303&lang=1 (Chapter 2)

Hong Kong Women in Figures 2011 (published by Women's Commission)
www.women.gov.hk/download/library/report/HK_Women2011_e.pdf

The Family Planning Association of Hong Kong
www.famplan.org.hk

Family Planning Knowledge, Attitude and Practice (KAP) in Hong Kong Survey 2012 (PowerPoint available in Chinese only)
www.famplan.org.hk/fpahk/zh/press/press/20130521-press-chi.pptx

Family Council
www.familycouncil.gov.hk/

OECD (2011), Doing Better for Families
www.oecd.org/social/family/doingbetter

OECD (2012), OECD Family Database, OECD, Paris
www.oecd.org/social/family/database

"Low fertility in Europe - is there still reason to worry?", RAND Europe
www.rand.org/pubs/monographs/MG1080.html#abstract