

## CONTROLLING POPULATION IN A STRONG ECONOMY: IS FEMINISM THE ANSWER?

An NPG Forum Paper  
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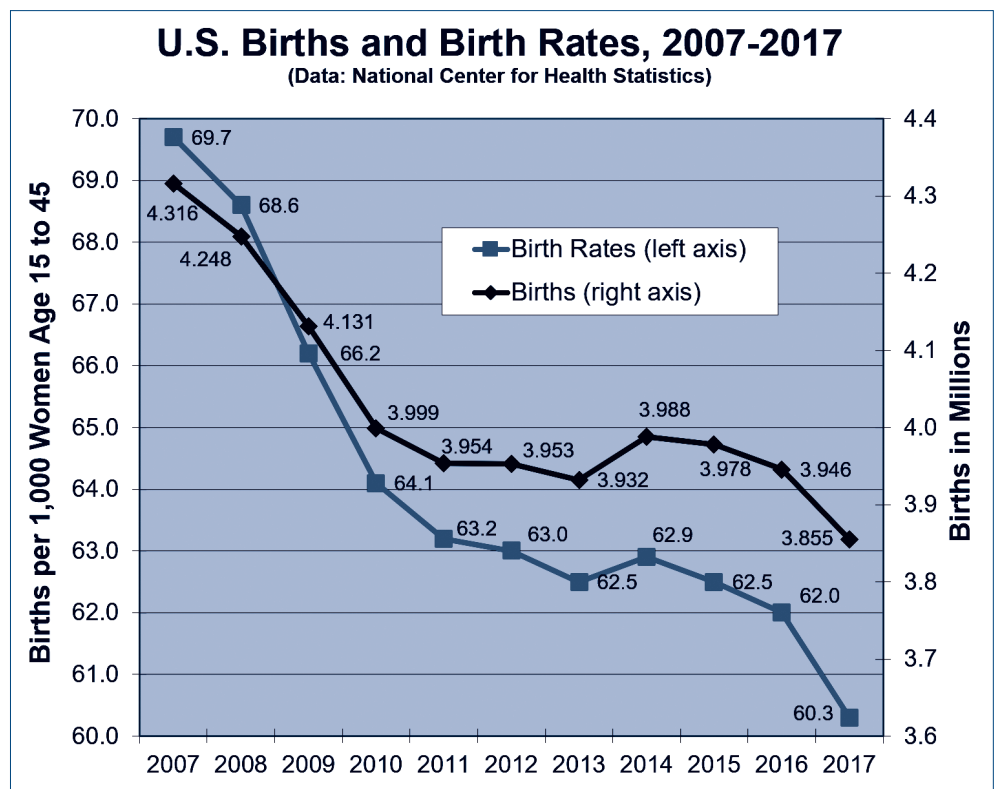
For most of human history population growth and economic growth have moved in tandem. As humans invented agriculture (several times over a period of centuries, according to some archeologists) they managed to produce more food than they could consume. Population growth ensued. Food surpluses gave homo sapiens time to develop the “stuff” of civilization: technology, infrastructure, science, and medical care. These advances brought lower death rates and accelerated population growth still further. This cycle, called “demographic transition” by professionals, has repeated itself over and over again through the millennia.

In recent years, however, the link between population and economic growth has gone missing. The Great Recession – the worst economic decline since the 1930s – ended in 2009. Despite a long and increasingly strong economic recovery, marked by record low unemployment and strong wage gains, births and fertility rates have continued to fall.

The fertility rate fell to 60.3 births per 1,000 women of childbearing age in 2017, down 4% from 2016, according to the National Center for Health Statistics. It was the largest annual decline since 2010, when families were still reeling from the effects of the Great Recession. The number of births also declined for the third straight year, hitting the lowest level since 1987.

“Every year I look at data and expect it will be the year that birthrates start to tick up, and every year we hit another all-time low,” Kenneth M. Johnson, a demographer at the University of New Hampshire, is quoted as saying. “It’s one of the big demographic mysteries of recent times.”<sup>1</sup>

What does seem in sync with the economy is the new assertiveness of women – exemplified by the “Me Too” movement, a record number of women elected to political office or running large corporations, and millennials postponing marriage. Feminist activists call it the “Third Wave” of their movement, comparing it to the 1920s and the 1970s, when fertility and economic growth also decoupled. This leads to an obvious, but largely



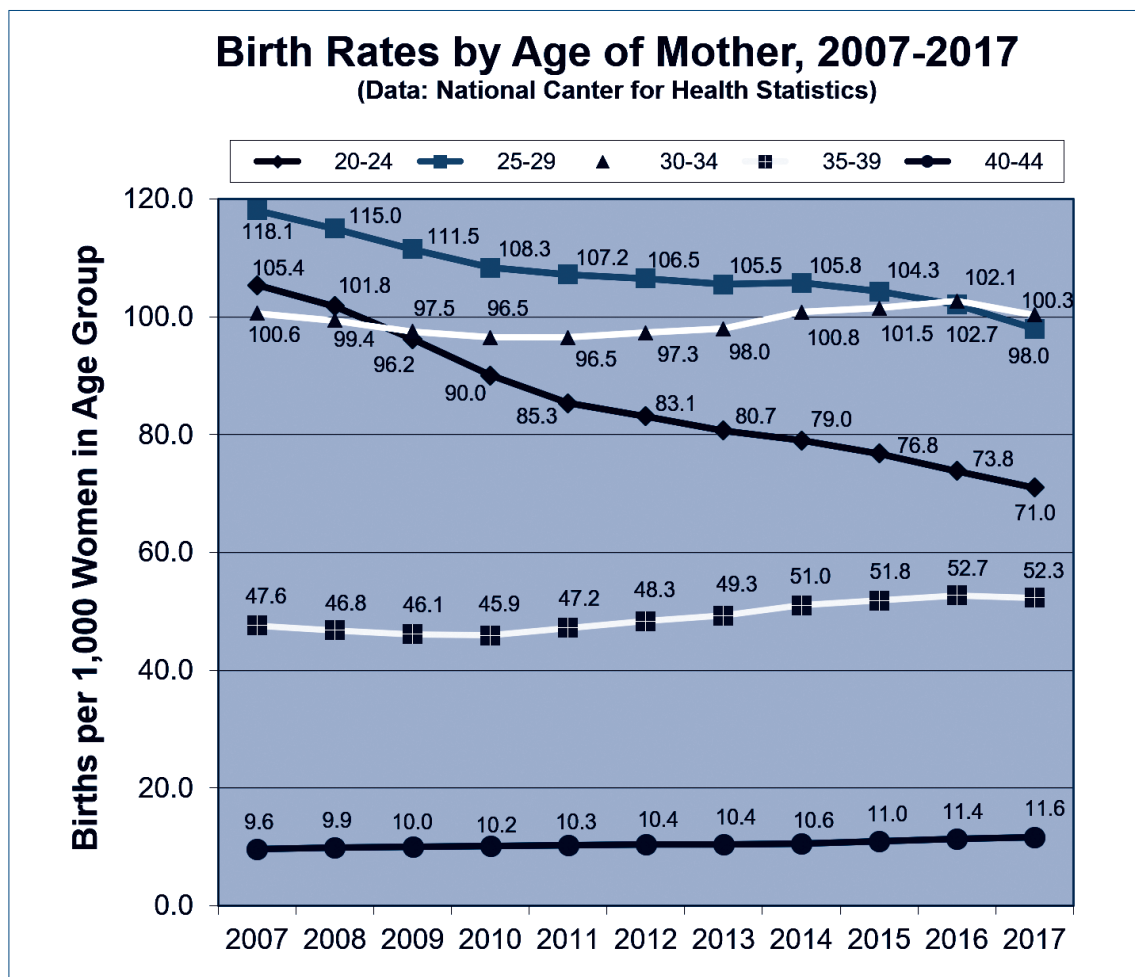
unrecognized, conclusion that birth rates may depend on micro events like women’s attitudes toward marriage and procreation, as much as macro events like the economy. Social factors may exert an even larger, and more lasting influence on the size and timing of family creation.

Feminists have long been skeptical of the institution of marriage, arguing that it prevents women from achieving social equality and reinforces the notion that women exist to serve men. For most of us, this seems a bit extreme. It conjures up visions of child brides in India or the Congo, forced into arranged marriages for economic survival. But hardcore feminists see the same problem in advanced societies. Feminist scholar Sheila Jeffries writes “... **the traditional elements of marriage have not completely disappeared in western societies, even in the case of employed, highly educated and... well paid professional women.**” These women “... **feel they have no choice but to stay and endure and may be ‘loving to survive.’**”<sup>2</sup>

The good news: the institution of marriage is alive and well in the U.S. The marriage rate (marriages as a percent of total population) was virtually unchanged during the recession, even rising slightly in the past two years.<sup>3</sup>

The better news - at least for those of us desiring negative population growth: the recent marriage rate uptick is primarily due to older couples making their second or third trip down the aisle.<sup>4</sup> Women in their peak child-bearing years are increasingly postponing marriage. In 2018 the median age of first marriage was 27.8 for women and 29.8 for men – roughly two years more than in 2007, and seven years more than in 1960.<sup>5</sup>

Delayed marriage does not explain all of the fertility drop-off. The share of Americans who have never married has been rising steadily in recent decades. At the same time, more adults are living with a partner instead of marrying and raising children outside of marriage.<sup>6</sup>



Giving birth at any age, with or without the benefit of marriage, can disrupt family finances. Immediately after the first birth, the pay gap between husband and wife doubles, driven entirely by the drop in the mother's pay, according to a Census Bureau study.<sup>7</sup> Men's wages keep rising. But the study also finds that women who postpone their first baby to their late thirties or forties, when their careers are established, eventually close the pay gap with their husbands. Women who have children between 25 and 35 – the prime career building years, as well as the years when most women have children – never regain the pre-child pay level they achieved relative to their husbands.

A desire to minimize the spousal pay gap may explain the fertility rate trends of U.S. women over the past decade:

The bottom two lines reflect births to women older than age 35. We might call them “safe zone” mothers, women who gave birth at an age when their careers are already well established. While their fertility rates increased over the past decade, they are still way too low, and their biological clock too far along, to reverse the downward trajectory of total U.S. population growth.

Meanwhile, the top two lines reflect fertility of women ages 25 to 35, the ages when a new child sets a mother's income back irrevocably. Fertility of women in those age groups have declined over the decade 2007 to 2017.

Two inescapable conclusions:

1. U.S. women increasingly minimize the financial distress caused by children by postponing births to their late thirties and early forties. This strategy has worked well for them. Since the end of the Great Recession women's employment has increased more than that of men, even in jobs dominated by males.<sup>8</sup> Nationally, 28% of wives earn more than their husbands today, up from 12% in 1980.<sup>9</sup>
2. If continued, these fertility trends portend ever lower rates of natural increase (births

minus deaths) and, eventually, a smaller U.S. population.

The takeaway: When women take control of their fertility, they opt for smaller families and longer, more lucrative careers. These personal choices may explain why strong economic growth co-exists with declining fertility today.

## **THE 1920S: WOMEN GET THE VOTE...AND SAVE THEIR BABIES**

The roaring twenties. The economy was booming. World War I had given women access, at least temporarily, to factory jobs once deemed inappropriate for their gender. As the decade unfolded full time office jobs – typists, filing clerks, stenographers - became possibilities for ambitious young women. Simultaneously, the mechanization of agriculture reduced the demand for farm labor, which had traditionally been performed by children. The largest internal migration in U.S. history saw millions of farm families move to cities where children were more likely to be educated than put to work.

These trends explain much of the fertility rate decline in the 1920s. But infant mortality was also declining, and for this we can thank early 20<sup>th</sup> Century feminists.

In 1921 Congress passed – quite unwillingly, it appears - the Sheppard-Towner Act, providing federal funding for prenatal care and children's health clinics. Historian Richard Meckel notes that “...fear of being punished at the polls by American women, not conviction of the bill's necessity, seems to have motivated Congress to vote for it. As one senator admitted to a reporter from the *Ladies Home Journal*, ‘if the members of Congress could have voted on the measure in their cloak rooms, it would have been killed as emphatically as it was finally passed out in the open.’”<sup>10</sup> The bill passed by a margin of 279 to 39.

Funding was modest, but its apparent impact on infant survival was enormous. From 1920 to 1921 infant mortality dropped from 86 to 76 deaths per

1,000 live births; by 1929 it was down to 68. There were other factors at work – advances in hygiene and medical practice, for example – but careful analysis of the timing, geographical distribution, and nature of infant deaths during this period point to the role of the new legislation. “Taken together, this evidence suggests that the extension of suffrage rights to women may have itself been responsible for substantial improvements in child survival.”<sup>11</sup>

Nationwide, the enactment of Federal and state suffrage laws is credited with averting roughly 20,000 child deaths each year, or about 10% of the child mortality reduction.

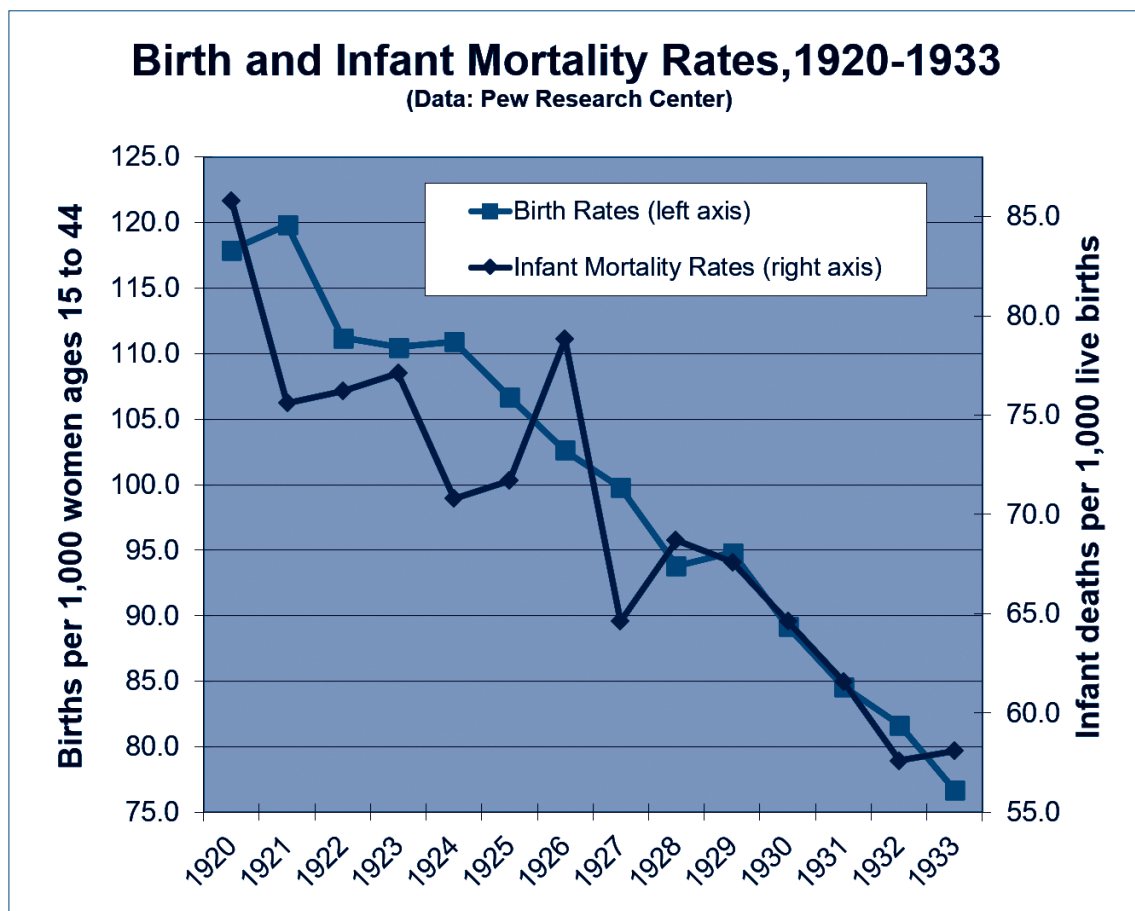
Other things equal, mortality declines of this magnitude should increase population growth. This assumption is overly simplistic, however, because it ignores the interaction between fertility and infant mortality. As married couples perceive their newborns are more likely to survive, they reduce the number of children they want because fewer are needed to achieve their desired family size. Child quality supplants child quantity as the criteria for couples planning a family.

This seems to have been the case in the 1920s,

As seen in the graphic, birth rates fell throughout the 1920s, with the largest drop occurring in 1922 – the year after Sheppard-Towner was passed. From 1921 to 1929 births to American women declined from 119.8 per 1,000 women of childbearing ages to 94.8, a reduction of 20.9%. Over this period GDP rose at a prodigious 4.8% average annual rate.

The notion that fertility moves in tandem with economic growth is even more decisively debunked by Depression-era results. Births per 1,000 women of childbearing ages declined by 12.9 babies from 1925 to 1928, the height of the boom. Most were conceived during the years 1924 to 1927, when GDP rose by an average 3.3% per year. Birth rates declined further in the first three Depression years, 1929 to 1932, but the reduction was nearly identical to the reduction that occurred in the last three boom years. Instead of 12.9 fewer babies, women had 13.1 fewer in 1932 than in 1929.

Using slightly different metrics, Martha J. Baily and Brad J. Hershbein confirm our finding of



a weak relationship between fertility and economic growth during the Great Depression:

*“The Great Depression and the baby boom pose challenges to the simple demand-side narrative. As the economy entered the Depression, the downward trend in fertility rates changed little in pace. Even as per-capita disposable income plummeted by 23 percent between 1929 and 1932 (Bureau of Economic Analysis 2015: Table 7.1), the general fertility rate fell by a mere seven births per 1,000 women (55.9 to 48.6) between 1930 and 1933 (lagged one year because births occur nine months after pregnancies). But the fertility rate had declined by about 6 births per 1,000 women between 1927 and 1930 (61.4 to 55.9) (Linder and Grove 1947).*

*Thus, the speed of fertility decline barely budged from its earlier trend. Additionally, fertility rates stabilized—but did not appreciably grow—as the economy slowly rebounded between 1933 and 1938....”*<sup>12</sup>

Fertility rates increased slightly during World War II, and boomed from 1946 to 1960. Peak fertility – 122.1 births per 1,000 women of child bearing ages – occurred in 1957.

The long-term trend of declining U.S. fertility resumed in 1960.

## **1960-1980: BABY BOOM BUBBLE POPPED BY THE PILL AND LABOR FORCE PARTICIPATION**

The birth control pill. In 1968 a writer called it the most important breakthrough since the discovery of fire. Twenty-five years later the *Economist* listed it among the seven wonders of the modern world.<sup>13</sup> Today it is known simply as “the Pill.”

Many blame it for the sexual revolution that (allegedly) swept the country in the 1960s, and it’s not hard to see why. When first produced in 1957, pharmaceutical company G. D. Searle touted the drug, called Enovid, as a treatment for

“gynecological disorders.” Contraception was a little noticed side effect.

Searle was shocked – at least publicly – when more than 500,000 women were using it within two years. In 1960 the company obtained FDA approval to market Enovid as a contraceptive, and it was off to the races: by 1965 the pill was the most widely prescribed drug in the country, with 6.5 million American women taking it daily.

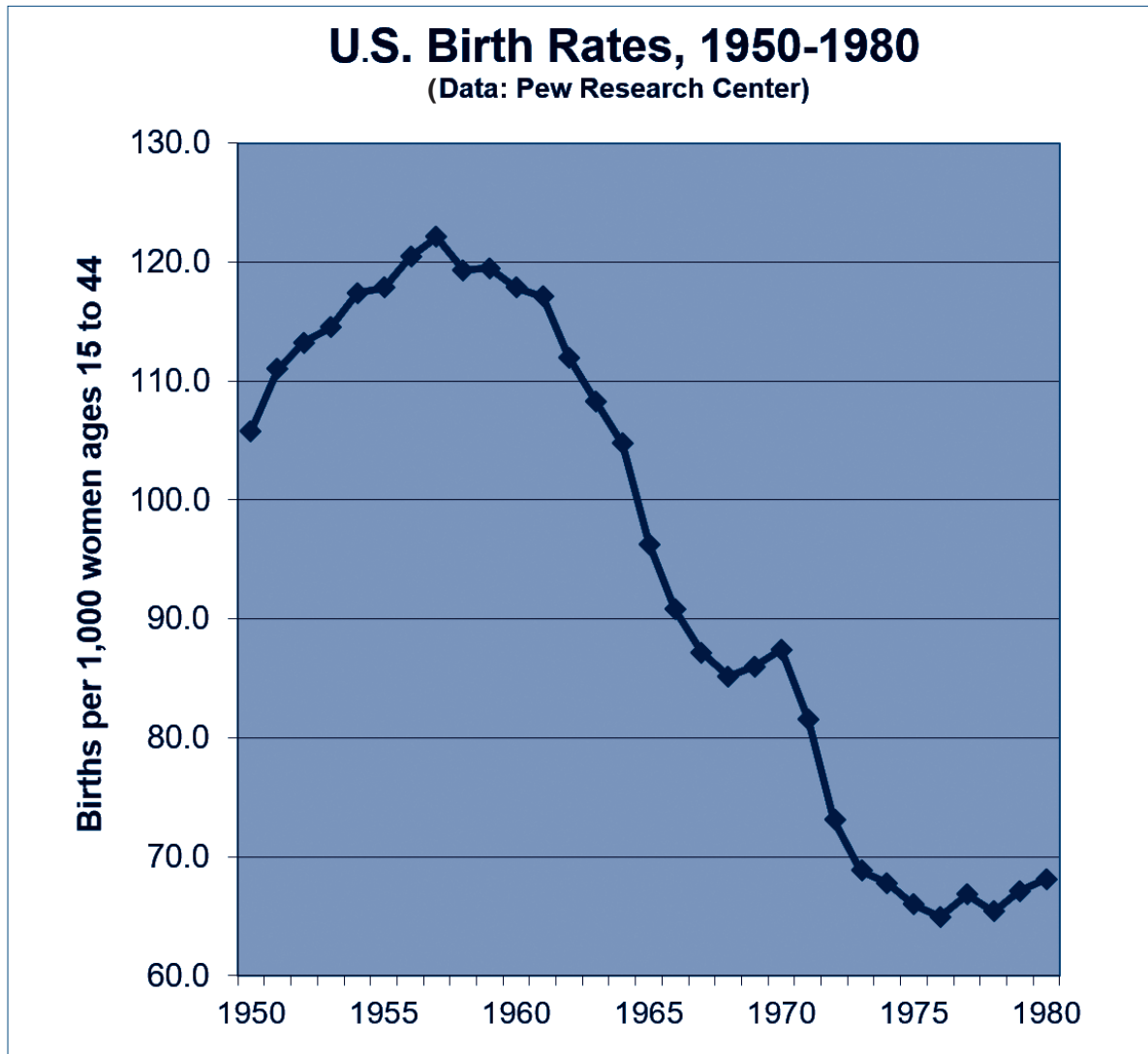
The national sex party had begun!

Reality check: the sexual revolution was alive and well long before the first pill rolled out. It just wasn’t talked about. The pill heralded what some demographers call a “contraceptive revolution,” a period when women switched from less effective forms of contraception controlled entirely by men – mainly condoms and coitus interruptus.

With the pill women were able to engage in the same behavior with dramatically reduced risk of unwanted pregnancies. From 1961 to 1965, 20% of births to married U.S. women were unwanted, and 45% were mis-timed. By 2006-2010, those percentages declined to 8.9% and 16.4%, respectively.<sup>14</sup> In light of this data, one wonders how much of the Baby Boom fertility spike was preventable, the result of unwanted births?

There were other factors at work. When the pill was first introduced 24 states banned the sale of contraceptives under anti-obscenity statutes known as “Comstock laws.” In 1965 the *Griswold* Supreme Court decision invalidated these sales bans for married women. Fertility rates dropped sharply in states with bans relative to those without the bans. Based on this data, economist Martha Bailey concludes that as much as 40% of the decline in marital fertility in the mid-1960s was attributable to the pill.<sup>15</sup>

The year 1965 also saw the first publicly subsidized birth control programs, courtesy of President Johnson’s War on Poverty. It is estimated that unintended pregnancies and abortions would be nearly two-thirds higher than they are without these family planning services.<sup>16</sup>



It is hardly surprising, therefore, that Baby-boom fertility levels of the late 1950s gave way to a sustained period of decline:

By 1975 fertility dropped to 66 births per 1,000 women ages 15 to 44, down a whopping 45% from the Baby-boom peak of 122.1 reached in 1957.

Before the pill, most women did not look for long-term jobs. The typical female worker left the job market when she became pregnant, and re-entered it when her child entered school. With nearly 100% control over their fertility, women pursued education and career opportunities that had been unattainable prior to the pill.

The gender gap in labor force participation narrowed considerably after 1960, as male and female participation moved in different directions:

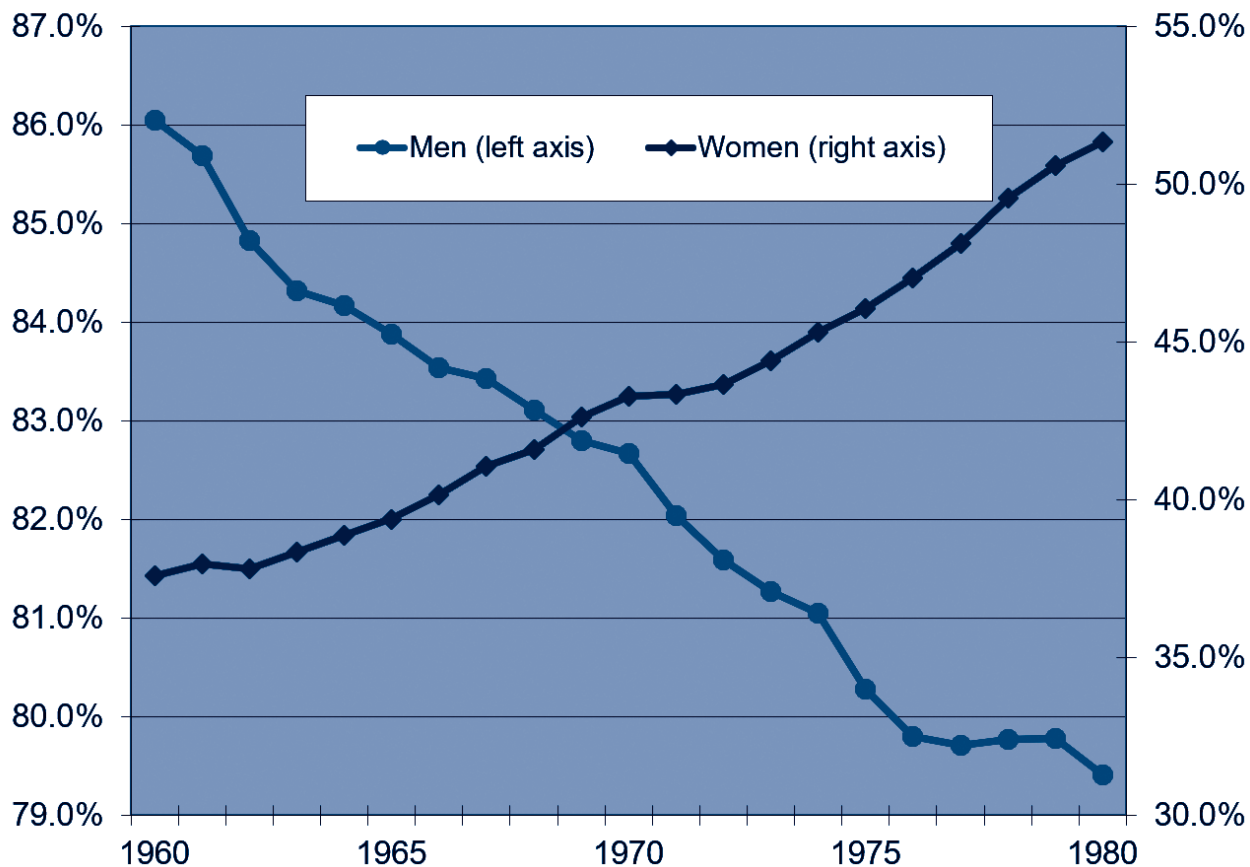
From 1960 to 1980 the labor force participation rate of adult women rose from 37.6% to 51.6%, a 37.6% jump, while those of adult men fell from 86.1% to 79.4%, an 8% drop.

In 1960, 12.2 million married women were employed; by 1980, the number had risen to 23.5 million, a gain of 11.7 million, or 92.5%. By contrast, employment of married men over this period rose by 4.4 million, a gain of just 12.6%. The bottom line: in the sixties and seventies the number of working wives rose more than 7-times faster than the number of working husbands.

For women it was sweet revenge. Many entered the labor force as young women during the war, only to lose their jobs to returning GIs who were paid more. Young children prevented their re-entering the job market in the first post-war

## Labor Force Participation Rates by Gender, 1960-1980

(% of individuals working or looking for work; Data: Federal Reserve Bank of St. Louis)



decade. The women could not have done it without the pill.

## CONCLUSION

Three generations of U.S. mothers - suffragettes, Baby-boomers, and Me-too millennials - are profiled in this paper. While the policy issues differ, the overarching goals of each generation are similar: these women want empowerment. They want the power to control their fertility, the power to raise healthy children, and the power to compete with men in the labor market. Population reduction is never their explicit goal, yet with each of these feminist waves fertility rates declined amidst a strong economy.

Relatively few women are card carrying feminists, but the instincts of most women are

aligned with those who are. Anyone who values a smaller national population and a larger per capita income would do well to study the desires of young millennial women.

The similarities between historical America and less developed countries today also deserve our attention. While international population control efforts focus primarily on the availability of birth control methods, the demand for those devices is often quite low.<sup>17</sup> Promoting gender equality and feminism may be the best way of increasing demand for birth control in high fertility countries.

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