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Making Sense of the U.S. Low Fertility Rate

Fertility rates in the country have been dropping. Here's how to understand what that means.

BY HEIDI MITCHELL

IN



APRIL, the federal government reported that America's total fertility rate—the number of children a woman is statistically expected to have over her lifetime—had dropped to 1.57. Note

The alarm was immediate, with lawmakers and pundits invoking the specter of a graying, shrinking America unable to fund its elders.

But experts who have spent careers studying this number had a somewhat different reaction: We've seen this movie before.

"Completed fertility among all U.S. women was lower for those born around 1955 than for those born around 1980, and it was much lower for college-graduate women born around 1955 than for those born around 1980," says Claudia Goldin, a professor of economics at Harvard and a Nobel laureate who has studied women, work and family for decades.

"We've been having this conversation for 50 years. Why is it all of a sudden a problem now?"

That isn't to say the downward trend should be ignored. If it continues, there will be fewer younger workers to pay for the social services that older Americans require. That either puts a bigger burden on those younger workers, or will lead to fewer services for the older ones. In addition, declining birthrates could lead to labor shortages and slower economic growth if productivity doesn't rise.

Here's how to put what's happening in perspective:

A closer look at the numbers

To start, consider that top-line figure of 1.57.

Martha Bailey, a professor of economics and director of the California Center for Population Research at the University of California, Los Angeles, thinks the national conversation gets it all wrong.

"There is the birthrate and there is the number of children people have in their lifetime, and they are not the same," she says. -Note

The total fertility rate of 1.57 is a snapshot statistic, not a portrait of any particular woman's life, she says. It estimates the average number of children a woman would have if she lived through her childbearing years experiencing current rates.

That may not be a good measure of what American women are actually doing. "If you look at women in their 50s who have completed childbearing—what's called the 'completed cohort fertility rate'—that number has been hovering right around 1.9 to 2," Bailey says. Note

Some of the explanation can be found in another number buried in the data: More than one-quarter of the decline in the fertility rate is accounted for by falling rates of teen pregnancy since 2007, according to recent analysis by Alison Gemmill, associate professor of epidemiology at UCLA, and Magali Barbieri, a researcher in the department of demography at the University of California at Berkeley. Note

"I think, wait a minute—everyone is complaining that teenagers aren't having babies?" Bailey says. "Some teenagers do have babies because they want them, but there is a lot of research showing that unintended teen births create significant economic hardship for both mother and child." Young women finishing school and establishing themselves before starting families isn't a symptom of social decay, she says.

The more pressing question—whether women currently in their 20s and 30s will end up with fewer children than their mothers—remains unanswered. Some demographers see these women as simply postponing pregnancy.

Others see a permanent shift to childlessness or having just one child. As Goldin points out, a similar downward trend reversed course between women born in 1955 and those born in 1980.

Why is it happening now?

The explanations for why Americans are having fewer children, or having them later, aren't mysterious. They follow from changes most people wouldn't want to reverse.

Goldin points to women's agency as the main variable. In virtually every country where fertility has fallen, she says, women have gained increased access to education, careers and the ability to invest in their own futures.

That investment creates a real tension, because careers take time to build, children take time to raise and the two compete in ways they simply didn't when women's options were narrower.

Bailey identifies a related problem in what economists call "partnership timing." For most of the 20th century, partner search happened in a narrow window of time and often geography among people in their early 20s.

Women's expanded education and opportunity spread that window across three decades, which raises the odds of running out the biological clock while still looking for a suitable mate. "If you partner up in your early 20s, you have a lot of time to have kids," Bailey says. "But if you delay, you may run out of time and wind up with fewer kids than you wanted."

Add to all this the economic uncertainty that today's babybearing generation faces. Dr. David Adamson, an adjunct clinical professor at the Stanford University School of Medicine and former president of the American Society for Reproductive Medicine, describes a generation for whom the traditional markers of adult stability—such as a stable job, a home, a partner—have been pushed back five to 10 years because of longer periods of education, the higher cost of homes and increased options for finding partners. "If baby-making happens over 10 years instead of 20, you're simply going to have fewer kids," he says.

This isn't new—or just in the U.S.

The U.S. total fertility rate has been at or below the so-called replacement rate of 2.1 for around half a century, ever since the baby boom peaked around 1960.

It declined between 1960 and the mid-1970s, but then rose from around 1.8 in the mid-1970s to above 2.1 in 2007. What's changed recently is less the trend itself than the fiscal backdrop: Baby boomers, one of the largest generations in American history, are retiring in droves, straining Social Security and Medicare in ways that make even modest demographic shifts feel urgent.

The decline is also not uniquely American. Among nearly all the 38 OECD countries, total fertility rates sit well below 2.1.

According to the United Nations World Fertility Report, Brazil's rate is roughly comparable to the U.S. rate. Mexico's is only slightly higher, at 1.9. The United Arab Emirates, at 1.21, sits below Japan's 1.22. Even sub-Saharan Africa, long the demographic counterweight to falling birthrates elsewhere, is declining, to around 4.41 from 7.0. "The bottom line is that fertility is declining around the world, and that isn't new," says Goldin. "And it is below replacement rate almost everywhere."

The medical solution

Adamson says that one piece of the puzzle that gets consistently overlooked is that a significant number of Americans who want children simply cannot have them. Given that infertility affects 1 in 6 people, he says, "Society should treat fertility care as an equitable medical problem, the same way it treats other diseases."

People who say that in vitro fertilization (IVF) is too expensive are conflating two different things, namely price and value, he argues. "IVF is not expensive, it is unaffordable," he says. "If you went to the hospital with a busted knee, they would fix it, and that would cost more than an IVF cycle."

IVF currently accounts for roughly 2% of U.S. births. In countries with robust public fertility-care policies, that share reaches up to 10%. If the U.S. could provide affordable and universal access to IVF, Adamson says, that would increase

the number of babies by 8%.

1) Beyond IVF, Adamson points to two underused medical levers to increase the birthrate. The first is early diagnosis. Endometriosis can appear as young as 12 or 13; polyendocrine metabolic ovarian syndrome (recently renamed from polycystic ovary syndrome) affects nearly 20% of women. Note

Both can lead to infertility if undetected, along with elevated rates of diabetes and cancer down the line. Better reproductive- health education in schools, focused on biology, could catch conditions that women currently discover only when they are already trying to conceive.

2) The second, he says, is funding egg freezing. Adamson draws an analogy to military educational deferments. Subsidized egg-freezing for women who delay childbearing for career reasons could extend the window for family formation without forcing an impossible choice. Note

What policies work

This is where things get tricky.

No intervention has been shown to work particularly well at scale, and the most confidently proposed solutions often have the weakest evidence behind them.

Cash incentives—the go-to tool of governments from Budapest to Seoul—have produced at best a temporary blip. The decision to have a child isn't primarily a financial calculation, and a onetime payment doesn't touch the conditions that make family formation feel out of reach. "It takes two to make a baby and it takes two to raise a baby," says Goldin.

"If women are required to do most of the work raising children, we will have fewer children when women have greater autonomy. Note

Men have to step up to care for the children they want."

There is some modest evidence to support a package of policies that reduces what Goldin calls the "child penalty"—genuine workplace flexibility, subsidized child care, parental leave structured so that both partners actually take it, and housing policy that makes it possible for young families to put down roots. But experts say this would only help marginally.

There is, of course, one obvious answer to the worry that there won't be enough young workers to support an aging population, and that is immigration.

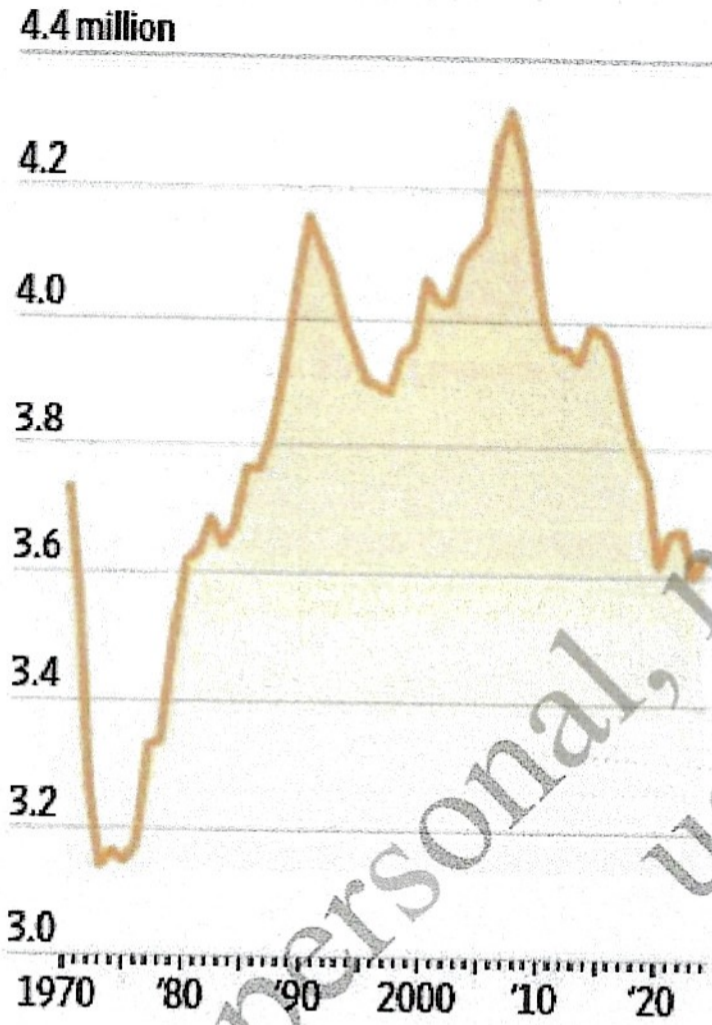
Bring in working-age people and a populace can rebalance the retired old with the productive young without waiting 20 years for babies to grow up. While that may be demographically sound, it's a politically contentious idea at the moment. Note

In the end, the experts conclude, the snapshot figure that comprises the total fertility rate is more complicated than it seems, and the future remains a mystery. "We measure fertility rates in real time, but women live their reproductive lives across decades," says Bailey. "The topline number sounding alarms means they are waiting—but this generation still has lots of time."

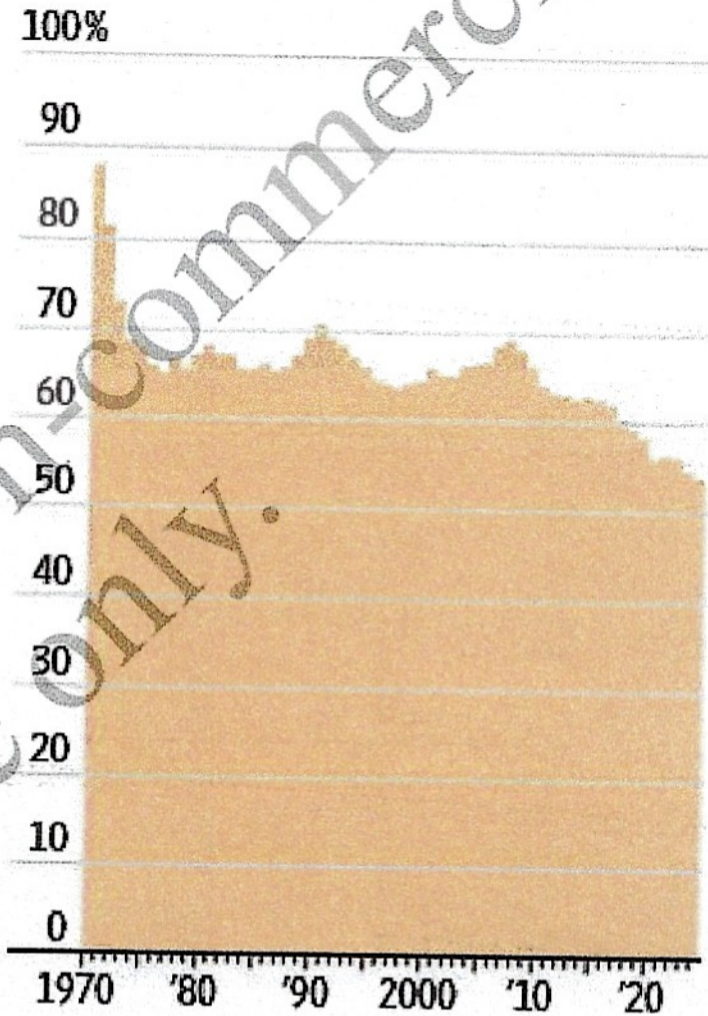
Heidi Mitchell is a writer in London and Connecticut. She can be reached at reports@wsj.com.

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Number of U.S. births



Births per 1,000 females age 15-44



Source: CDC's National Center for Health Statistics

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