Interactive panel discussion: Recommendations for development of assumptions for fertility projections

Expert group meeting on the impact of the COVID-19 pandemic on fertility (virtual meeting)

Session VII: Tuesday 11 May 2021
UN online survey about expert views on the impact of the COVID-19 pandemic on fertility

- Focus on short-term potential impact, not long-term assumptions
- Conducted online on 3-10 May 2021 by Zhenqian Huang
- The survey was completed by 33 respondents over 100+ participants;
  - 30% of the participants completed the survey
- 22 respondents over 32 total were panelist in the EGM,
  - 92% of the panelist completed the survey
  - 67% of the total respondents were panelists.

- Analysis by Giulia Gonnella and Patrick Gerland
Round #1: expected short-term (1-2 years) impact

- Partial consensus answers among respondents for Question 1:
  - Yes (56%)
  - No (42%)

- However, responses are more nuanced by regions...
More consensus answers among respondents

- **Q5a**: expected short term (1-2years) change in the average number of births per woman in response to the direct or indirect impacts of the COVID-19 pandemic on fertility
  - Decrease in most regions, but especially Europe, Northern America, Australia/New-Zealand, Eastern and South-Eastern Asia, Latin America and the Caribbean
  - Increase in Sub-Saharan Africa
  - Too uncertain: Oceania and Northern Africa and Western Asia
Overall moderate expected short-term impact

- **Q5b:** expected average magnitude of change in the average number of births per woman in response to the direct or indirect impacts of the COVID-19 pandemic on fertility

<table>
<thead>
<tr>
<th>Region</th>
<th>Perc5</th>
<th>Perc10</th>
<th>Perc25</th>
<th>Mean</th>
<th>Median</th>
<th>Perc75</th>
<th>Perc90</th>
<th>Perc95</th>
<th>Respondents</th>
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<tr>
<td>Sub-Saharan Africa</td>
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Round #1 questions to discuss about (potential) short-term impacts

1. Any surprises from these survey results?
2. How do you interpret/reconcile some of these results based on the presentations and discussions of the previous 6 sessions of this meeting?
3. Decline > Rebound to above pre-Covid > catch-up long-term trend
   - or skip Rebound to above pre-Covid?
4. What about the special situation of China, and East Asian countries?
5. Any thoughts about the implications of the on-going epidemic in India, and parts of South Asia for 2021 and 2022?
6. Use of monthly birth registration data, and extrapolations from short-term fluctuations for 2021? Depends on the regions due to substantial problems with delayed registrations in many LMICs (and even some OECD countries) due to lockdown disruptions and impacts on admin. registration/stats.
Round #2: expected timing for back to “normal”

• Q2: expected return to pre-pandemic trends in term of the average number of births per woman

Following Ron. Lee’s:
with t+0 for COVID-19 in 2020

• Lack of consensus
  o t+3 for 2023
  o t+5 for 2025
  o Don’t know
Round 3. Consensus answers among respondents

• Q3a/b: expects post-pandemic fertility trends over the next decade will likely differ between countries with low and high fertility / between regions

In three years, fertility in many countries may still be showing ripples from Covid, but by five years out that will be over, and I expect fertility will then return to the levels and trends that were expected before Covid.

In HIC decline for some years. In MIC and urban regions in LIC unclear. In rural areas in LIC increase for some years.

The pandemic has exacerbated pre-existing inequalities. We are seeing large population being pushed towards poverty and deprivation, increasing risk to early marriage, increased mortality, reduced access to basic health services.
Q3 expected post-pandemic fertility trends

- Most respondents highlighted the uncertainties of the impact of the COVID-19 pandemic on fertility - it depended on how severely countries were hit, countries’ policy responses, progress of vaccines, the pace of recoveries, availability to contraceptives, etc.

- All the respondents acknowledged that the COVID-19 pandemic would not reverse the trend for low-fertility countries but might even decrease the already low fertility levels.

- Less consensus on what will happen in historically high fertility countries. The majority of respondents foresaw an increase in fertility at least in short-term, depending to the access of contraception and an increased risk in early marriage. However, few reported that they didn’t expect a substantial impact in Africa.

- Among those who acknowledged the impact on fertility, the majority expected a partial recovery in short term (main impact is the postponement of childbearing), or a complete recovery in medium- to long-term. Only one respondent believed that the effects of the pandemic would be permanent.

- Among the ones that were positive about a recovery, everybody agreed that the timing would depend on the economic recovery and the government responses.

- Some highlighted how the pandemic mainly affected older people rather than women of reproductive age, though the impact on fertility might be lower compared to the 1918 Spanish Flu.

- Many acknowledged that the pandemic, and to recover from it, could worsen pre-existing inequalities, especially gender inequalities.
Q4 expected impact on age pattern of fertility

- Q4a: expects impact on age pattern of fertility
- Q4b/c: expects impact to differ between countries with low and high fertility / between regions

- We may see some catch up as women who delayed births due to Covid have children later.
- Postponement will be stronger in countries where more economic uncertainty will follow the pandemic.
- In HICs and probably also in MICs and even urban areas in LICs postponement. In rural areas in LICs maybe even the opposite.
- In last couple of decades, we had seen substantial decline adolescent fertility.
- Delayed at older ages for low fertility countries, and eventually slightly younger ages for higher fertility.
- Firstly pandemic will delay fertility and push to older ages, and will impact more on low fertility countries.