Addressing Hong Kong SAR's Lowest-low Fertility: The rising role of migrants and the impact of COVID-19

Abstract:

The total fertility rate (TFR) of the Hong Kong Special Administrative Region (SAR) fell to 0.7 in 2022, marking the lowest level ever recorded during the COVID-19 pandemic. Previous research on the relationship between fertility decline and the pandemic has mainly focused on the postponement of pregnancies and economic uncertainties during or after the crisis. However, these perspectives do not fully capture the situation, as fertility dynamics vary significantly from country to country, particularly concerning the impact of migrants. Many advanced economies welcome highly skilled and investment migrants, and their fertility contributes significantly to the overall fertility rate, especially in countries or regions that adhere to birthright citizenship. This research aims to analyze the impact of migrants on fertility decline during the COVID-19 pandemic and reconsider the role of migrant fertility in promoting fertility recovery.

While Hong Kong SAR is not a sovereign country, it possesses its own autonomy and immigration control. As a part of China, Hong Kong does not have its own distinct citizenship but rather confers the "right of abode" or "permanent residency." This status is essential for analyzing Hong Kong's fertility trends, as only those babies born in Hong Kong with this status are included in the TFR. Babies born in Hong Kong to parents, where at least one holds permanent residency, are entitled to the right of abode. However, in 1999, the Court of Final Appeal in Hong Kong interpreted the right of abode for children born in Hong Kong with Chinese nationality under the 'Basic Law of Hong Kong.' Following this interpretation, the principle of jus soli (birthright citizenship) was applied to all children born in Hong Kong with Chinese nationality. In other words, regardless of whether the parents hold permanent residency, all children born in Hong Kong to Chinese nationals are entitled to the right of abode. Consequently, the TFR of Hong Kong must include those babies born in Hong Kong to Chinese nationals who do not hold permanent residency.

Since 1999, the number of babies born to Chinese nationals without Hong Kong permanent residency was limited. However, in 2003, when the Chinese government relaxed restrictions on personal visit permits to Hong Kong and Macau for mainland Chinese residents, many mainland Chinese couples began to travel to Hong Kong to give birth to secure the right of abode for their children, a phenomenon known as "birth tourism." The share of babies born

to Chinese couples increased sharply, reaching 30% of total live births in Hong Kong between 2008 and 2012. In response, the Hong Kong government imposed restrictions in 2013, barring Chinese pregnant women from entering Hong Kong if they were seven or more months pregnant, as birth tourism was straining obstetric and gynecological services. This policy led to a significant decline in the number of babies born to Chinese couples; however, another type of migrant began to emerge.

Beyond birth tourism, the Hong Kong government implemented policies to attract highly skilled and investment migrants to counterbalance the effects of an aging population and declining fertility. Many of these migrants also came from mainland China. Consequently, the babies born in Hong Kong to mainland Chinese are not solely from birth tourism; some are children of migrants who relocated to Hong Kong under these policies.

During the COVID-19 pandemic, Hong Kong, like many advanced economies, closed its international borders to prevent the spread of the virus. Drawing on its experience with the SARS outbreak in 2003, the Hong Kong government acted swiftly after confirming its first COVID-19 case in January 2020. By March 2020, Hong Kong had closed all international borders, including those with mainland China. Additional restrictions were imposed on population density, including limiting the number of people dining in restaurants and gathering in public spaces. Wedding ceremonies, for instance, were restricted to 20 attendees, with no food or drink allowed.

In Hong Kong culture, weddings are not only about the union of a couple but also symbolize the joining of two families, often involving extended family members. Due to these restrictions, many couples postponed their weddings because key family members could not attend, directly impacting the marriage rate. The marriage rate declined significantly from 5.9 per 1,000 people in 2019 to 3.6 per 1,000 in 2021. As births within wedlock remain the primary social norm, this decrease in marriage rates directly affected couples' birth plans and timing.

Furthermore, restrictions on international borders also impacted the marriage rate and the number of live births. Nearly 20% of live births in Hong Kong occur within cross-boundary families—families formed by marriages between Hong Kong residents and mainland Chinese citizens, usually involving a Hong Kong man and a mainland Chinese woman. These couples often register their marriages in Hong Kong to obtain a "one-way permit" for the mainland spouse to migrate to Hong Kong. However, due to the pandemic, border closures separated many cross-boundary couples, preventing them from marrying as planned.

For those cross-boundary couples who married just before the pandemic, the mainland Chinese spouse usually requires 1-2 years to obtain the “one-way permit” to migrate to Hong Kong. Although a family visit visa can be applied for before obtaining the permit, it is only valid for 90 days. Consequently, the number of marriages and live births from cross-boundary families has decreased significantly.

Additionally, border restrictions halted the influx of highly skilled migrants and investment migrants to Hong Kong, resulting in a dramatic decrease in live births from these groups. Therefore, the impact of COVID-19 policies extends beyond what previous studies have suggested, which primarily focused on fertility intentions influenced by physical restrictions and economic uncertainty. These policies also significantly affected international marriages and expected births from cross-boundary marriages and young international migrants.

To assess the influence of COVID-19 on fertility, this study analyzes the impact of COVID-19 policies on marriage and birth patterns using birth and marriage registration data from the Hong Kong Census and Statistics Department. By comparing marriage patterns before and during the COVID-19 pandemic, it becomes evident that physical restrictions, particularly border closures, significantly reduced the number of marriages in Hong Kong during this period. Furthermore, an analysis of fertility trends among different groups, including local Hong Kong couples, cross-boundary couples, and migrants, reveals that the role of migrants in fertility is becoming increasingly significant. The number of cross-boundary marriages and births from migrants was on the rise before the pandemic but dropped sharply during the pandemic due to the restrictions.

In conclusion, the fertility decline during the COVID-19 pandemic is not solely due to delayed births or economic uncertainty. The impact on marriage and fertility plans of migrants is also a crucial factor that needs to be considered in understanding the broader demographic changes in Hong Kong.