Dramatic Fertility Transition in Mongolia and Its Determinants: the Demise of the Pronatalist State

It is projected that fertility will continuously decline in Mongolia albeit at a slower rate, and TFR is expected to fall from 2.4 to 1.8 children per woman during the period 2000-2025. This decline will have a considerable impact on population growth, hence on the structure of the population.

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The move from a centrally controlled economy to a market-driven economy has had strong political implications for family planning and fertility in Mongolia. Under socialist rule, Mongolia had a strong pronatalist population policy under which those families having children were provided with generous benefits. The changes made to these policies have had a considerable impact on fertility and family formation in Mongolia. In the mid-1970s, the country started to experience a dramatic decrease in

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the level of fertility, which intensified when the country moved towards a market
economy. The country experienced a drop in its total fertility rate (TFR) from 7.2
children per woman (of reproductive age) in 1975 to about 3 children in 1995, and it
has remained constant at about 2.3 children since that time. Relatively few studies
have been carried out on fertility changes in Mongolia with explanations about their
causes, primarily owing to a lack of data sources.

The aim of this paper is to examine fertility changes in Mongolia with respect
to the changes in population policies and changes in the proximate determinants of
fertility that have occurred since the mid-1970s.

Data availability and quality

Until 1990, the majority of statistical data in Mongolia were confidential and
were reported only to high Government officials. Data dissemination was very
limited and distributed on an ad hoc basis and only if specifically requested by
interested users.

The first twentieth century Mongolian population census was conducted in
and 2000. The range of information collected in the first four censuses was very
narrow. Information collected included the age, sex, marital status and occupation of
respondents. The last four censuses have been more complete with the inclusion of
housing information. In general, census information is accurate and problems of
under-enumeration are comparatively small, particularly in the 1969, 1979, 1989 and
2000 censuses. The reporting of age, sex and fertility-related information and other
demographic, economic and social characteristics in those censuses is considered
relatively reliable. This reliability is based on the assessment of the accuracy of age
and sex reporting, in comparison with information obtained from other sources. The
National Statistical Office of Mongolia (NSOM) evaluated the 1969, 1979 and 1989
censuses using the “consistent correction of census and vital registration data”
developed by Luther and Retherford. According to an assessment by NSOM,
under-enumeration was 1.5 per cent in the 1969 census, 3.5 per cent in the 1979
census, and reached 6.5 per cent in the 1989 census. The under-enumeration of the
2000 population and housing censuses was evaluated using a post-enumeration
survey and was estimated to be at 0.8 per cent.

From the 1950s onwards, NSOM was charged with the registration and
compilation of vital events. In the mid-1980s, the responsibility for collecting civil
registration data (births, deaths, marriages, divorces, occupational status, change of
address, education, residential status and so forth) was transferred to the Central
Population Register Bureau, a newly created agency. The degree of completeness of
the registration of vital events in Mongolia slowly improved. The continuous evaluation of the quality of data obtained from the 1969, 1979 and 1989 censuses allowed for an improvement in the registration of births and deaths for each intercensal year. The under-registration of births was approximately 5 per cent and that of adult deaths was about 6 per cent. Indirect estimates were also calculated and similar results obtained. There are, however, two exceptions: early age mortality and the registration of population movements.

According to Mongolian law, parents must register the birth of a newborn baby within one month of the birth. However, as in other developing countries, parents may consider it futile to register both the birth and the death of a child who died at a very young age. Therefore, it is likely that many infant deaths that occurred within one month of birth may have never been registered. Even if a child dies after a month and the birth has been registered, parents may fail to register his death. This is the case in rural areas where ties with the Government are weaker and where burial permits are not necessary most of the time. The use of indirect techniques to consistently assess the quality of data suggests an under-registration of nearly 30 per cent of infant deaths from 1970 to 1989. The under-registration of infant deaths did not greatly improve, even after 1990. However, NSOM conducted a number of surveys that helped to better estimate real infant death rates in the 1990s. Recent demographic and reproductive health surveys suggest that the real infant mortality rate may be as much as 50 per cent higher than the official figures, owing to the underreporting of deaths. One hypothesis suggests that there may be some misclassifications of infant deaths in Mongolia as a result of existing regulations aimed at measuring the work performance of medical units. During the socialist regime, the health of newborn babies was strictly controlled by the Government. Each newborn was assigned to a district doctor and her/his job performance was evaluated by the number of infant deaths occurring in her/his district. Therefore, it could be the case that the infant deaths that occurred during the first year of birth were actually reported as deaths occurring during the second year, if the child’s birth had been registered. In other words, there might have been a transfer from infants to children’s deaths. Thus, the number of births in Mongolia could be biased as a result of underreported early neonatal and neonatal infant deaths.

For this paper, data on the use of modern contraceptives were obtained from various sources. The proportion of women using any modern method of contraception in 1990 and 1992 was based on the estimates prepared by the Ministry of Health and Social Welfare. These estimates include only contraceptives distributed by Government-run programmes, while data on private access were not available. The commercial distribution of contraceptives appears to have been limited to that
time when the private distribution of medical and health products in general was still negligible. Data on contraceptive use in 1995 and 1998 were based on sample surveys conducted by the Mongolian National University and NSOM with assistance from the United Nations Population Fund (UNFPA). These surveys used internationally accepted methods of survey design; therefore, their results are reliable and among the best data on the current use of contraceptives available to date.

In 1970, the Ministry of Health and Social Welfare issued an order on the collection of data on abortion and approved an initial reporting statistical form. This form has changed over time, reflecting changes in the abortion law. The most recent version of this form was approved in 1997 by the Ministry of Health and Social Welfare. For this paper, data on abortion were obtained from the administrative records maintained by the Ministry of Health and Social Welfare. However, caution is needed in interpreting trends observed in the rates of abortion. It has been reported in a number of studies that abortion may have been practised before its legalization in 1989 in the form of spontaneous abortions, or miscarriages. In 1985, the number of spontaneous abortions per 1,000 births was 168.6, and by 1989 it had increased to 179.7. However, in 1990 this ratio fell to 95.3. This sharp decline in “spontaneous abortions” just after the legalization of abortion suggests that many abortions had actually been induced.

Fertility transition and its onset

Figure 1 shows changes in population policies and in TFR in the period from 1963 to 1998. In the 1960s, TFR was 8 children per woman. In 1975, this number fell to 7.2, in 1989 to 4.5, and subsequently, in 1998 to 2.3. Between 1963 and 1975, the number of children per woman fluctuated between 7 and 8. However, from 1975 onwards, the decline in fertility became relatively steady until it reached 2.6 children per woman in 1993. However, a slight rise occurred again in 1993-1997 before fertility levels declined further during the last three years of the past century.

Figure 2 clearly indicates that, in the first half of the 1970s, fertility was concentrated in four age groups: 20-24, 25-29, 30-34 and 35-39 years. Two decades later, fertility was concentrated in two age groups only: 20-24 and 25-29 years. Although measures of fertility are subject to tempo and quantum influences, both figures roughly indicate that the fertility transition was underway in Mongolia in 1975-1998. The Princeton’s approach is chosen for Mongolia to identify the onset of the fertility transition. The reason for this is that, between 1960 and 1975, the TFR of Mongolia fluctuated between 7 and 8 children per woman and that there was no clear picture of a continuous decline in fertility. TFR peaked in 1963 and
stood at 8 children per woman. The onset of the decline in fertility can be dated back to 1975 when TFR reached 7.2 children per woman.

**Figure 1. Population policies and total fertility rates, Mongolia**


**Figure 2. Age specific fertility rates, 1969 - 2000, Mongolia**

Trends in proximate determinants of fertility

Marriage

Arranged marriage was prohibited in 1925, shortly after the communist revolution, and it is no longer a common feature of Mongolian life. The new family law enacted in 1999 reiterates this prohibition. In Mongolia, marriage is valid only if both parties are at least 18 years old, and there is no recognition of a de facto or cohabitation relationship under the family law. Pursuant to the Constitution of Mongolia, marriage must be monogamous. According to the last three population censuses, the proportion of married women aged 15 and above decreased from 63 per cent in 1979 to 61 per cent in 1989 and to 57 per cent in 2000. The proportion of women of reproductive age increased to 27 per cent in 2000, from 23 per cent in 1989 and 21 per cent in 1979. Figure 3 shows the marriage rate per 1,000 people aged 18 and above for the last two decades and the mean age at first marriage for females for the census years. The marriage rate per 1,000 people aged 18 and above decreased by only 2 per cent between 1979 and 1989, whereas it decreased by more than 40 per cent from 1989 to 2000. The Government’s Report on Population and Development estimated that 15.3 per cent of the total fertility decline at the beginning of the 1990s was caused by a fall in the number of married people.

Figure 3. General marriage rate (GMR) and mean age at first marriage (MAFM) for females

Increases in the age at first marriage for females are expected to reduce the level of fertility, and a minor increase (of about 6 per cent, that is, from 18.5 to 19.7 years) in the mean age at first marriage can be observed between 1979 and 1989. However, the mean age at first marriage increased by 20 per cent (from 19.7 to 23.7 years) from 1989 to 2000.

The 1998 Mongolian Reproductive Health Survey indicated that women who were 45 to 49 years of age in 1998 had been married at an earlier age than their younger counterparts. For instance, in 1998, 48 per cent of women aged 45-49 years had had their first marriage before the age of 20, compared with only 30 per cent of those aged 30-34 years, and 36 per cent of those aged 25-29 years. All these figures indicate that significant changes have been taking place in marriage patterns and in the age at first marriage during the last decade, when the country was moving towards a market economy.

In Mongolia, births take place mainly within the bounds of marriage. However, the proportion of women aged 15-17 years who already have a child increased from 2.3 per cent in 1996 to 8.5 per cent in 1998. When children are born to women below age 18, this can be considered childbearing outside marriage, because the legal age at marriage is 18 as regulated by the family law of Mongolia. Within two years, from 1996 to 1998, the percentage distribution of women aged 15-49 years by marital status had changed remarkably. For instance, the proportion of women cohabitating outside of marriage had risen from 3.7 per cent in 1996 to 5.7 per cent in 1998. Similarly, the share of separated women increases to 1.1 per cent in 1998 from 0.7 per cent in 1996, while the percentage of divorced women increased almost twofold during the same period.

**Contraceptive use**

Figure 4 illustrates recent trends in the abortion rate and the proportion of women using any modern method of contraception. Even after the 1989 policy shift, the proportion of women using modern contraceptives was very low. According to estimates from the Ministry of Health and Social Welfare, about 11 per cent of the female population of reproductive age used a modern method of contraception in 1990. This number increased to 15 per cent in 1992 and to 25 per cent in 1994, before reaching 33.4 per cent in 1998. By contrast, the proportion of traditional method users declined from 35.7 per cent in 1994 to 10 per cent in 1998. Neupert stated that the calendar method appears to have been the main method of contraception used in Mongolia during the 1970s and 1980s. However, he argued that it played a limited role in the fall of fertility. Pandey’s later analysis suggested that it was the use of the intrauterine device – also an
important method of contraception at the time – that most contributed to the
decline in fertility in Mongolia. The *Report on Population and Development*, by
the Government of Mongolia, estimated that the contribution of contraceptive use
accounted for up to 21.6 per cent of the total fertility decline in 1990-1993.

**Abortion**

With the law on the liberalization of abortion enacted in 1985 and then
amended in 1989, the number of induced abortions increased significantly. For
instance, the number of abortions per 1,000 live births was 155 in 1986, then
reached a peak of 442 in 1992 before decreasing to 312 in 1994. The number
decreased sharply in the following years along with the increase in the use of
modern contraceptives (figure 4).

![Figure 4. Abortion rate and proportion of women
currently using modern methods of contraception](image)


The pronatalist policy pursued for almost three decades forced women to rely
on abortion to postpone or avoid childbearing. Several researchers concluded that
one of the possible reasons for the drop in fertility was the legalization of abortion,
which occurred in 1989.

In the *Report on Population and Development*, it was noted that 39.3 per cent
of the total fertility decline was attributed to a surge in the incidence of abortion
from 1991-1993. This clearly indicates that there was a significant unmet need for
contraceptives which probably led to the dramatic increase in the number of
abortions observed at the beginning of the 1990s, after abortion became legal in 1989. Furthermore, the report indicated that, owing to a lack of availability and knowledge of contraceptives, abortion became the main method of fertility regulation for Mongolian women. The main reasons for abortions were very short birth intervals and the poor health of women. The Mongolian Reproductive Health Survey (1998) found that age, the number of living children and marital status were the determining factors of abortion. The Population Policy Programme of Mongolia stated that abortion should not be promoted as a method of family planning. However, in practice, abortion has been the most important intermediate variable in the country’s fertility decline after 1989.

Breastfeeding

Data on breastfeeding trends are not available. However, continued breastfeeding is common in Mongolia: 81 per cent of all children are breastfed until they are 1 year of age and 61 per cent until 2 years of age. Considering the experience of other developing countries, it is likely that this practice has increased in Mongolia during the last three decades; therefore, breastfeeding (and in this case, the lactational amenorrhea method of birth control) probably did not have a major effect on the fertility decline.

Population policies

There were three different phases of the population policy of the Government of Mongolia during the period from 1960 to 1998 (see figure 1): a) a strong pronatalist policy from 1963 to 1975; b) a relaxation of the pronatalist policy from the 1975 to 1989 and c) a non-pronatalist policy from 1989 to 1998. The following paragraphs briefly describe the context of each phase and the likely effect of each on the overall fertility trend.

Strong pronatalist population policy (1963-1975)

In the 1960s and 1970s, the Government of Mongolia had an interest in encouraging high levels of fertility or at least in maintaining earlier levels in order to bring to fruition a series of huge economic goals in the agricultural and industrial sectors. During this period, two major economic events overlapped: the collectivization of agricultural activities and industrialization. The First Five-Year Plan (1948-1952) had concluded that the available labour force was insufficient to realize two major desired economic events in the 1960s: the collectivization of agricultural activities in rural areas and the construction of industrial infrastructures in urban areas. This Five-Year Plan was the first policy document to describe an interest in an increase in the size of the population, yet
without suggesting any specific intervention. In the Third Five-Year Plan (1961-1965), pronatalist interventions were included for the first time. International immigration was never considered as an alternative or a complement to the rise in fertility. Moreover, Mongolia did not have an excess of labour in rural areas during that time because the process of large-scale collectivization coincided with that of industrialization in urban areas. The desire for a sufficient supply of labour through a population increase can be considered as an economic factor that led to pronatalist policies in Mongolia.

The pronatalist population policy had several components. Women with more than four children were awarded medals of honour, additional substantial child allowances and subsidized holiday leave. Moreover, they were given earlier retirement (at age 50) compared with other women. Generous maternity leave also applied, and mothers were guaranteed that they could return to their original jobs after having a child. In addition, special taxes were imposed on unmarried and childless couples. The availability and use of modern contraceptives was severely limited during this period. From the beginning of the 1960s up to the mid-1970s, fertility rose with the implementation of pronatalist population policies. There were dramatic improvements in the level of women’s education and their participation in the labour force. Free and compulsory education at all levels for both boys and girls was introduced throughout the socialist era, and a high rate of female participation and equality with males was achieved, higher than in most other Asian countries. By 1969, 75 per cent of women had received some form of education.

The labour law⁴ that was amended in 1970 enabled women to undertake work outside their home (Ardiin Ih Khural, 1970). Mongolian women had legal equality, but once in the labour force they suffered the familiar double burden of housework and childcare. In addition, Mongolia developed an extensive and well-staffed health-care system that had made modern health technologies widely accessible. In spite of economic and health developments, however, mortality levels were high. For instance, the infant mortality rate was 75 per 1,000 life births in 1965 and remained at this level roughly until 1975.

As the economy developed, the population increased, the society grew more greatly differentiated and people came to have less in common. The population was increasingly divided along occupational, educational and regional lines. Social interactions also came to differ, from group to group. In sum, socio-economic development, including women’s education and labour force participation, might have been one of the main causes of the onset of the fertility decline.
Relaxation of pronatalist population policy (1975-1989)

The main reasons for the shift from a strong pronatalist population policy to a relaxation of the pronatalist policy were the high rates of infant and maternal mortality and their reluctance to decline. In 1976, the first attempt was made to provide family planning, albeit under only very special conditions. The intrauterine device became legal in cases when pregnancy was not recommended, either because of the woman’s health or age, or because the woman had experienced more than five pregnancies. From 1976 onwards, access to contraceptives was progressively liberalized and between 1985 and 1988, more policy changes occurred. Strict restrictions on abortion lasted until 1985, when a decree of the Ikh Khural Presidium allowed abortions to be performed upon a woman’s request. The limited family planning services were also expanded at the end of the 1980s. The availability of the intrauterine device and abortion services was extended to all women older than 35 years or with more than five children, single women with more than three children, women pregnant less than one year after the previous birth, women with three or more children and whose husband was either disabled or imprisoned, and women who were themselves in prison or in an orphanage.

Changes in the age-specific fertility rates (see figure 2) could be attributed to a relaxation of the pronatalist population policy. Between the periods 1969-1974 and 1979-1984, there were sharp declines in fertility among women older than age 30, while from the period 1979-1984 to 1990, fertility fell substantially in almost all age groups.

By 1989, about 95 per cent of women had received some form of education. Literacy levels rose and the gap between male and female literacy rates narrowed from 16 per cent in 1963 to less than 3 per cent by 1989. The major change regarding the position of Mongolian women was their nearly universal participation at all levels of the educational system. In 1985, women made up to 63 per cent of students in higher educational establishments and up to 58 per cent of those in specialized secondary schools. The number of women employed in various economic sectors increased by 87.3 per cent from 1969 to 1989, compared with an increase of 68.4 per cent for male employees during the same period.

Yet, male attitudes and public services did not catch up with the reality of an increasing percentage of women being employed outside their home. There was little cultural pressure on men to help with household chores, and child-rearing continued to be the sole responsibility of women. Working mothers’ difficulties were often compounded by cramped housing conditions, a lack of time- and energy-saving appliances, and the absence of modern shopping facilities and convenience services. These factors made child-rearing a major burden. Women’s
household duties took up almost as much time as their job. Therefore, it is highly possible that women immediately reacted to the relaxation of pronatalist policies that took place in 1976 and 1989. Following the Russian model, Mongolia initially devoted most resources to collectivization and the development of industry (mainly mining and textiles), with relatively little being invested in the consumer sector. As a result, the technology used by consumer industries was hardly developed, leading to a low level of mechanization of housework, commerce and services compared with that in Western countries. This was not a feature unique to Mongolia; it also existed in other socialist countries, as documented by earlier research. From the mid-1970s to 1989, female education and female labour force participation, plus the lack of development of consumer industries, might have been factors that were influential in women limiting their childbearing.

**Non-pronatalist population policy (1989-1998)**

In 1990, Mongolia embarked on a path of economic reform embracing all spheres of political, economic and social life. This transformation has been dramatic. The country has faced new social problems, such as unemployment, poverty, declines in literacy and diminished access to education and health services, that were mostly absent during the socialist rule. It is difficult to believe that those changes have not affected Mongolian women’s childbearing behaviour. Among the major reasons for the rapid decline in fertility in the 1990s, previous work identified the negative impact of the economic transition on families and family formation, and the changes in the population policy. The measures recommended by the new population policy were outlined in the health law, which was amended at the end of 1989. The amended health law, stating that a woman had the right to decide about motherhood herself, fully legalized abortion and the use of contraceptives. The new population policy removed all restrictions on the use, distribution and import of contraceptives. With the exception of a continuing prohibition on vasectomies, the last restrictions were lifted in 1989 and oral contraceptives became available. By the end of 1989, abortion was fully legalized to supplement the family planning policy with regard to women’s physiological and mental health. This policy allowed every woman to have an induced abortion if she did not want to carry on with the pregnancy.

The fall in fertility was substantial during the non-pronatalist policy period, especially during 1989-1993 when the country also experienced an economic collapse. Between 1990 and 1995, fertility declined dramatically in all age groups, whereas in the period 1995-2000 there was a steep drop in the fertility of all age groups with the exception of a noticeable decrease in the age group 20-24 (see figure 2).
The transition to a market economy shaped the nature of women’s employment opportunities. The unemployment rates of women were higher than those of men, and the difference has remained within the range of 6 to 10 per cent. The employment status of women has affected their income and hence their desire to bear children. Women are important contributors to family income, partly because two salaries have become essential to maintain a certain basic standard of living. Though the traditional perception of males as the main breadwinners remains unchanged, in reality women have been earning substantial incomes in Mongolia in recent years. Besides paid work, women have been engaging in unpaid work, such as household maintenance, rearing children, caring for husbands and older persons. In this way, women carry a double burden, which has a bearing on social reproduction and sustainable human development. Thus, many factors may account for the falling birth rate since the beginning of the fertility transition, including economic hardship and vulnerability, and the pressure to pursue supplementary income sources. This has further decreased men’s contribution in the home, while also increasing women’s unpaid household and care work. Other influential factors are the higher costs of rearing children; social and attitudinal factors, such as women’s education and employment opportunities; the decline of childcare services; and young women’s attitudes towards marriage.

Summary and discussion

Dramatic fertility declines occurred in Mongolia between the 1960s and the end of the 1990s, mainly owing to changes in population policies and other social dimensions. Although still not at a low level, TFR in Mongolia as a whole has declined from about 8 children per woman to about 2.3 within a span of 38 years. Findings suggest that a fertility transition is under way in Mongolia and consists of the following periods: a) pre-transition from 1960 to 1975; b) the onset of transition in around 1975; and c) transition from 1976 to 1998. The latter itself can be split into two phases: the socialist period and the market period.

At the beginning of the twentieth century, fertility was low in Mongolia owing to widespread venereal disease, the adherence of men to religious life, and high infant mortality. Since the 1950s, the total population of Mongolia has increased as a result of rising fertility and decreasing mortality. The major part of the increase in fertility is due to the post-war baby boom. In addition, the increased participation of women in the labour force, combined with the non-availability of contraceptives, contributed to shortening the duration of breastfeeding, which itself may have resulted in increased levels of fertility. Moreover, the introduction of modern medical services in the country reduced the prevalence of venereal diseases, which could be a factor behind the fertility rise of the 1950s.
During the 1960s, the two major economic events of collectivization and industrialization overlapped. The labour supply was then insufficient to implement huge economic goals in both rural and urban areas. An adequate labour supply, to be achieved ultimately through population increase, was considered an important economic factor and led to the formulation of the pronatalist population policies. International migration was never considered as a serious alternative or a complement to high fertility. From the beginning of the 1960s, Mongolia implemented a strong pronatalist policy based on the restriction of import, distribution and use of modern contraceptives, as well as on strict regulations of abortions and sterilizations. The pronatalist policy had several components encouraging women to bear many children. The availability and use of modern contraceptives were severely limited during that period. Marriage was universal and women were married at earlier ages. Abortion was strictly prohibited by law. The population policy played an important role in increasing the fertility level of Mongolian women during this period. Moreover, people at the time were more homogenous in terms of social class, and the exchange of information or ideas took place mostly within small communities.

As the economy developed in the 1970s and 1980s, the population increased, the society grew more differentiated and people came to have less in common. There were dramatic improvements in the level of women’s education and in their participation in the labour force. The population became increasingly divided along occupational, educational and regional lines. Consequently, social interactions differed among people. Socio-economic development, including women’s education and labour force participation, might have been the main cause of the onset of the fertility decline.

Meanwhile, high levels of infant and maternal mortality imposed pressure on the Government to revisit its population policy. In 1976, the first attempt was made to provide family planning and, in 1988, the existing family planning services were expanded and modifications were introduced in the abortion law. Thus, the fertility decline from 1976 to 1989 was driven mainly by the relaxation of the pronatalist policy, which initially gave Mongolian women limited access to contraception and abortion services. Female education and female labour force participation, plus the lack of development of consumer industries, might have been influential factors that resulted in women limiting their childbearing from the mid-1970s up to 1989.

The shift from a centrally planned economy to a market-driven economy in 1989-1998 made the childbearing behaviour of Mongolian women similar to that of women in other former socialist countries. Almost all Governmental incentives to bear children were removed. By the end of 1989, abortion was fully legalized
and all restrictions on the use, distribution and import of contraceptives were removed. Delayed marriage, the increased use of contraception and abortion and, consequently, women’s intention to have fewer children became important features of fertility changes in 1989-1998. In that period, fertility declined abruptly.

Mongolia has a reverse gender gap in education which means higher enrolment rates in education for girls than for boys. This gap increased over the first half of the transition period and narrowed thereafter. The reverse gender gap for children of herder families is higher than the national average. Parents tend to assume that boys can do any type of job and sustain their lives, while girls may not be able to do so. They also assume that education is the only avenue for girls’ economic security and opportunity, whereas for boys, the livestock sector and business is viewed as offering the most opportunities. At the tertiary level of education, female enrolment rates fell in the first half of the transition period and increased again more recently. Educational opportunities for girls have become dependent on parents’ ability and willingness to pay the related fees, and only higher income families can afford these fees.

The reasons behind the abrupt decline in fertility in 1989-1998 were inadequate parental incomes, the disappearance of many social services and people’s developing awareness of individualism and self-fulfilment.

In sum, one can conclude that the most relevant determinants of the fertility decline in Mongolia were the use of modern contraceptives and abortion services and changes in marriage patterns. Changes in the population policy ruled the availability of modern contraceptives and abortion services, which in turn affected the changes in fertility level in 1960-1998. Further in-depth quantitative investigation is required to examine underlying factors of fertility changes in Mongolia from the onset of the fertility decline.

It is projected that fertility will continuously decline in Mongolia albeit at a slower rate, and TFR is expected to fall from 2.4 to 1.8 children per woman during the period 2000-2025. This decline will have a considerable impact on population growth, hence on the structure of the population. It is likely that Mongolia, like most East Asian countries, will face the ageing phenomenon and its various implications. On policy grounds, the decline in fertility can easily exert profound effects on many socio-economic issues in Mongolia, such as education, health care, housing, immigration, retirement protection, business opportunities and saving behaviours. Those effects will become more prominent in Mongolia when the country’s fertility rates approach the replacement level, which is roughly equal to 2.1 children per women.
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Endnotes

1 This estimate includes only contraceptives distributed by Government programmes; data on private access are not included.

2 These data come from a household survey of breastfeeding practices conducted in May 1992 by the Mongolian Nutrition Research Centre with the cooperation of the Mongolian National Centre for Children and the United Nations Children’s Fund.

3 Because of the high percentage of women of childbearing age in the labour force, the labour law contained provisions to protect pregnant women and women with children younger than 1 year of age. Refusal to employ women, the reduction of their earnings, dismissal because of pregnancy or the existence of children were all illegal. Pregnant women and mothers with infants were eligible for a shortened workday and for a transfer to a position involving lighter work. They were not eligible for night work, overtime or business trips. Women received 45 days’ pregnancy leave and 56 days’ birth leave. Mothers also could combine maternity leave with annual leave. In addition, they could receive an additional six months of unpaid leave and retain their jobs. Nursing mothers were granted paid breaks of up to two hours per day to nurse infants younger than 6 months and one hour to nurse infants from 6 to 12 months. Workplaces with large numbers of female employees were required to provide facilities for nurseries, for kindergartens, for nursing mothers and infant, and for personal hygiene.

4 The number of births per 1,000 women aged 30-34 in 1979-1984 fell by 22 per cent compared to that in 1969-1974. Similarly, there was a decrease of 38 per cent for women aged 35-39, and of 9 per cent for women aged 40-44 for the same time interval.
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