

**SOC476A PROJECT**

**Contemporary Applications of  
Social Demography**

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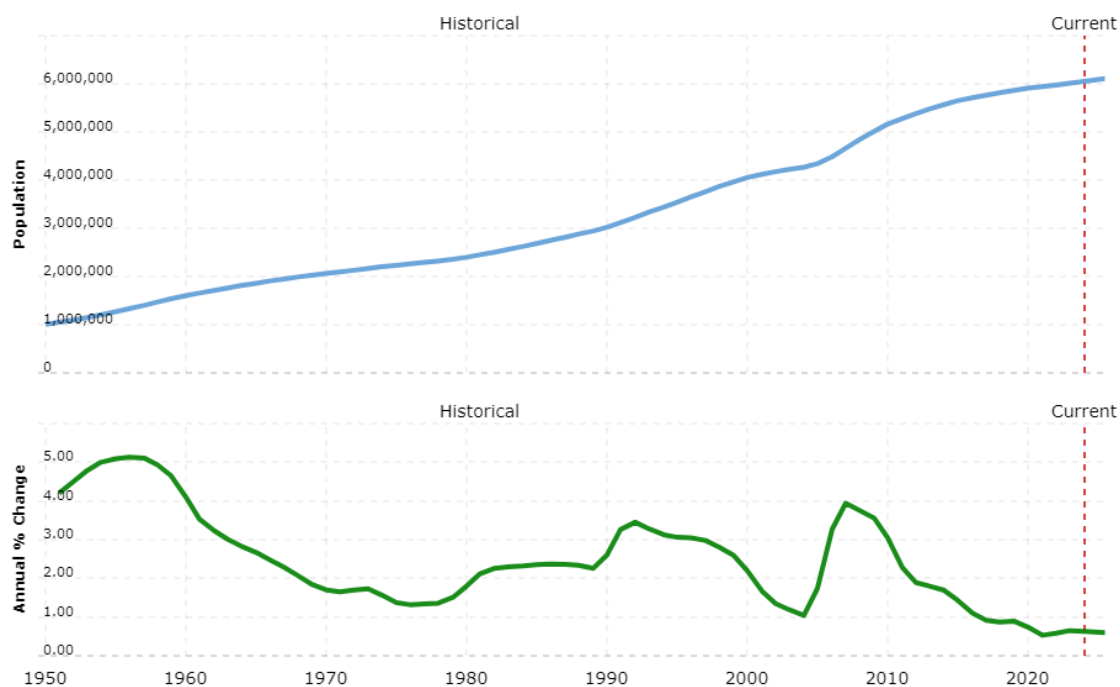
# SINGAPORE'S DEMOGRAPHIC TRANSITION

Singapore's population has changed a lot over time. In the past, after World War II, many babies were born, and many people died. But now, not many babies are born, and not many people die. This change happened as Singapore grew quickly in the last 50 years, becoming rich and developing society. Singapore had to plan carefully for its population. They needed enough workers for the economy to grow, but they also had to think about social things like how many old people there are and how to include people from other countries in the city. This paper talks how the population changed over time and what factors contributed to its change over time.

## Population development in Singapore since 1950

Starting from a population of 1 million in 1950, Singapore has seen significant growth in its resident population, including citizens and permanent migrants, reaching 6.04 million as of March 2024.

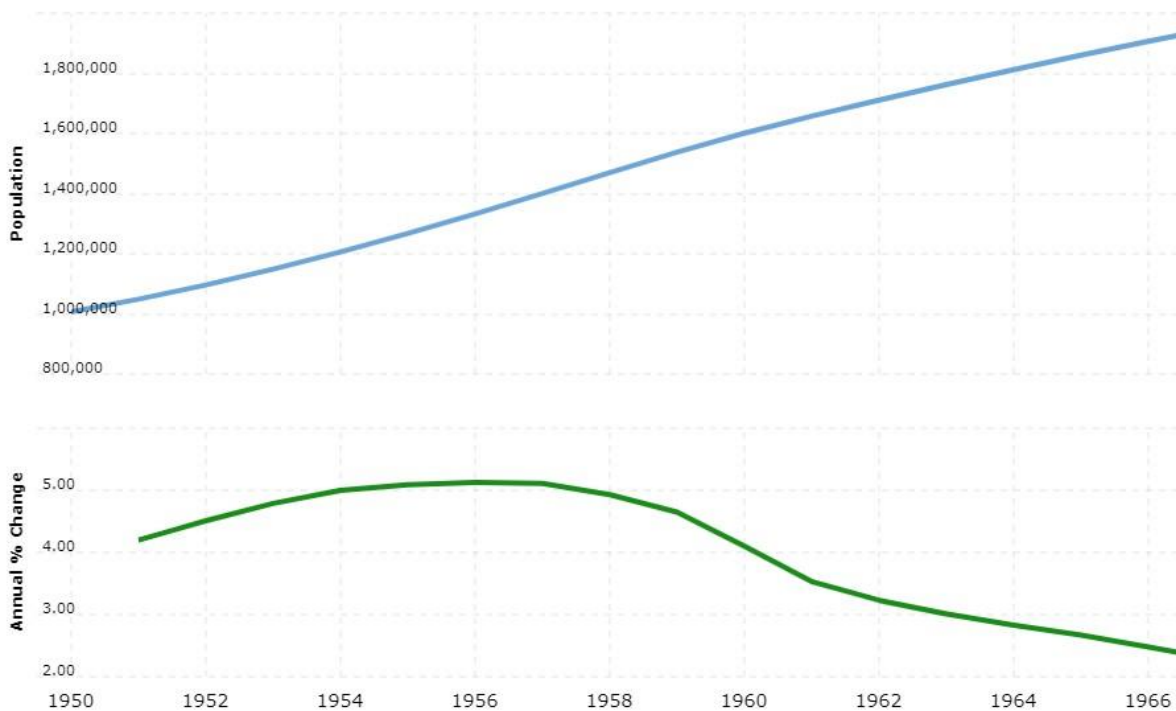
Singapore's demographic evolution since the late 1940s can be divided into four distinct phases, each marked by specific population trends and socioeconomic changes, with a fourth phase currently taking shape.



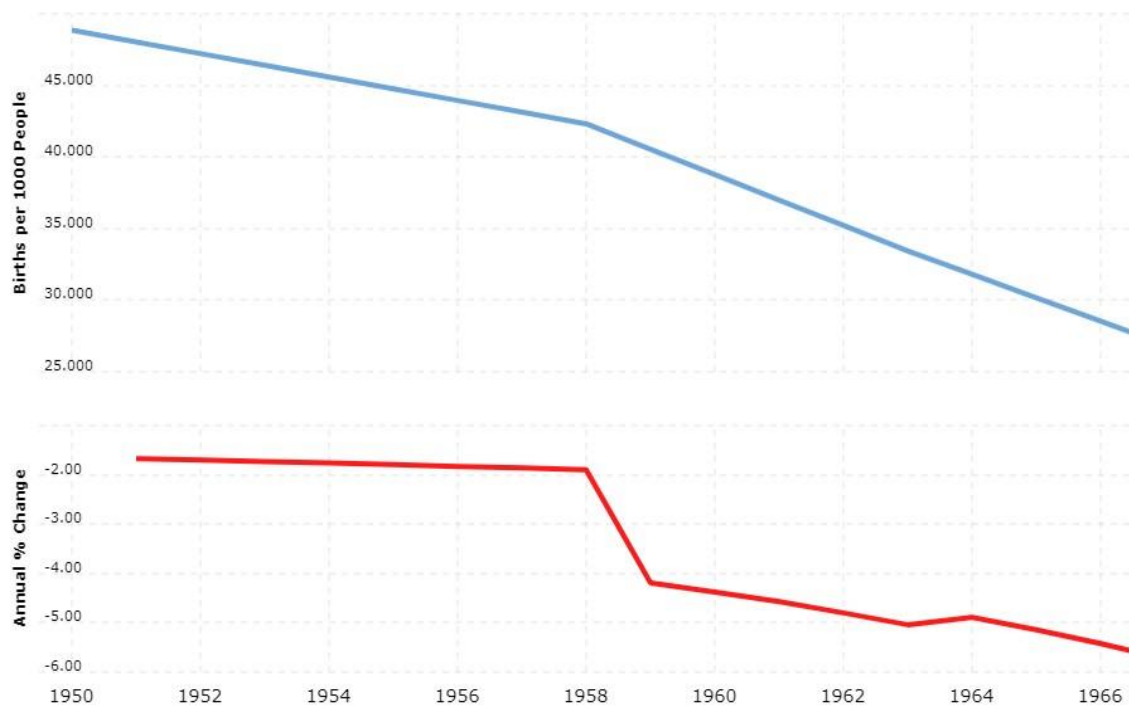
NOTE: All death rate data after 2019 are United Nations projections and therefore DO NOT include any impacts from COVID-19

## 1<sup>st</sup> Stage of Demographic Transition (From late 1940s to mid 1960s)

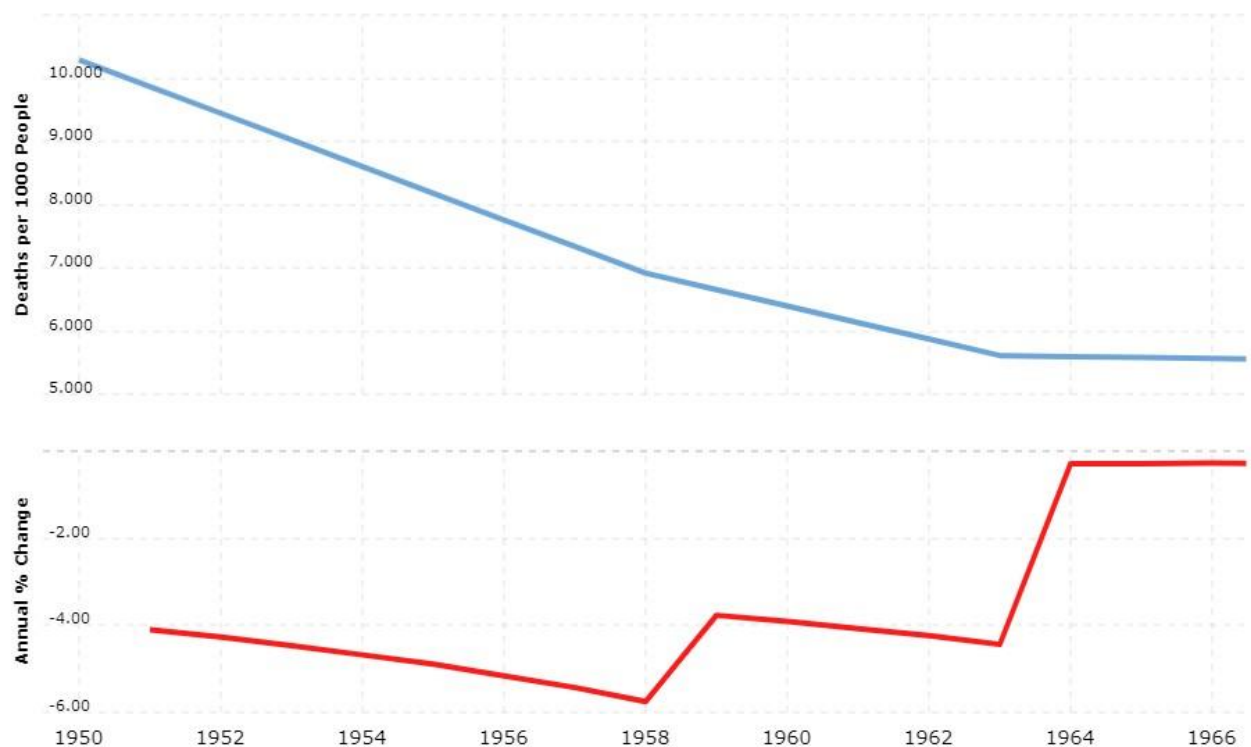
After the conclusion of World War II in 1945, it was observed that Singapore's population growth was deemed unsustainable for its economic outlook. Between 1947 and 1964, approximately 1 million individuals were born, resulting in a 58% increase in total live births. Throughout this timeframe, the average annual growth rate stood at 4.4%, with immigration accounting for 1% of this growth.



In 1957, Singapore recorded its peak birth rate at 42.7 per thousand individuals. Concerns about overpopulation, such as resource scarcity, environmental damage, rising unemployment, and higher living costs, prompted the government to take measures to control population growth.

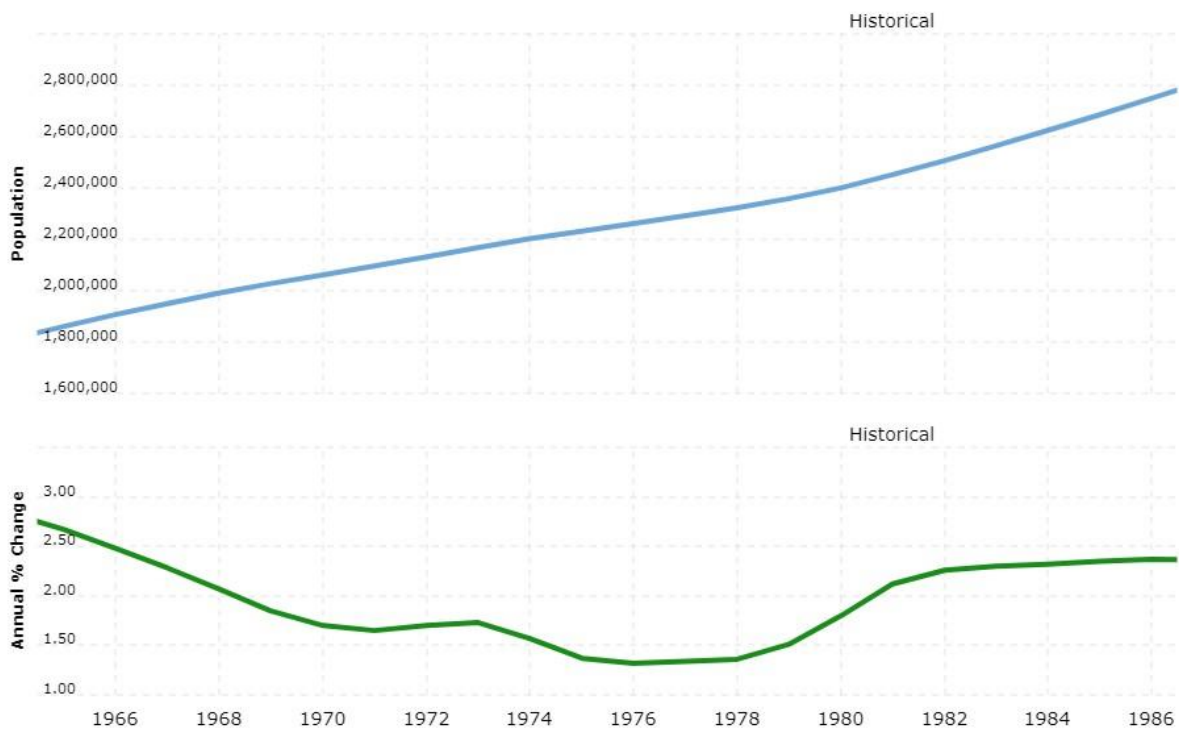


During this phase, along with birth rates, death rates were also high. Medical facilities in Singapore were not quite good and less awareness among the masses lead to increasing number of deaths thus leading to a high death rate.



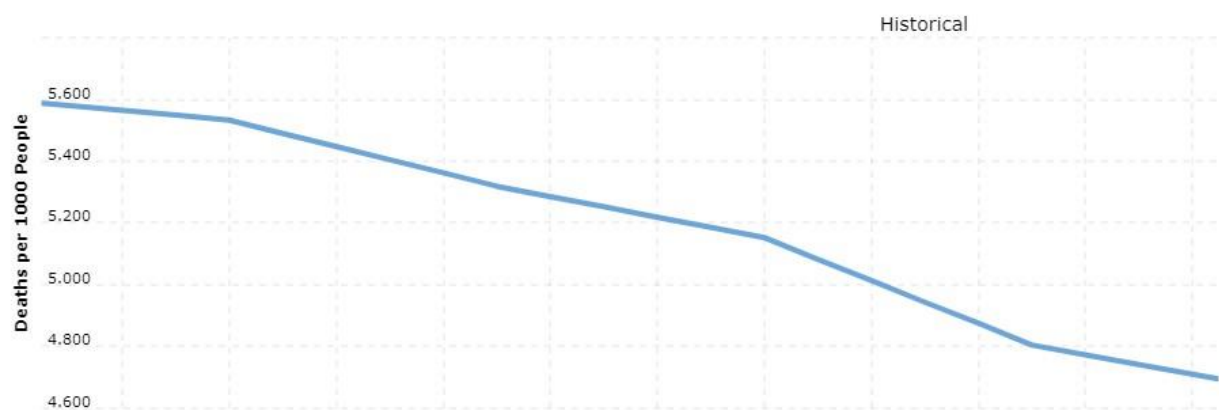
## 2<sup>nd</sup> Stage of Demographic Transition (From early 1970s to mid 1980s)

Following a notable decrease in the Crude Birth Rate (CBR), Singapore witnessed a more gradual decline in the CBR during the second phase, spanning from the 1970s to the mid-1980s. The Crude Death Rate (CDR) remained low, approximately at 5 per 1,000 population. Moreover, life expectancy continued to rise, and infant mortality rates declined. Throughout this period, Singapore's population growth remained stable, ranging from 1.3% to 1.9% per annum.



### Modern contraceptive methods :-

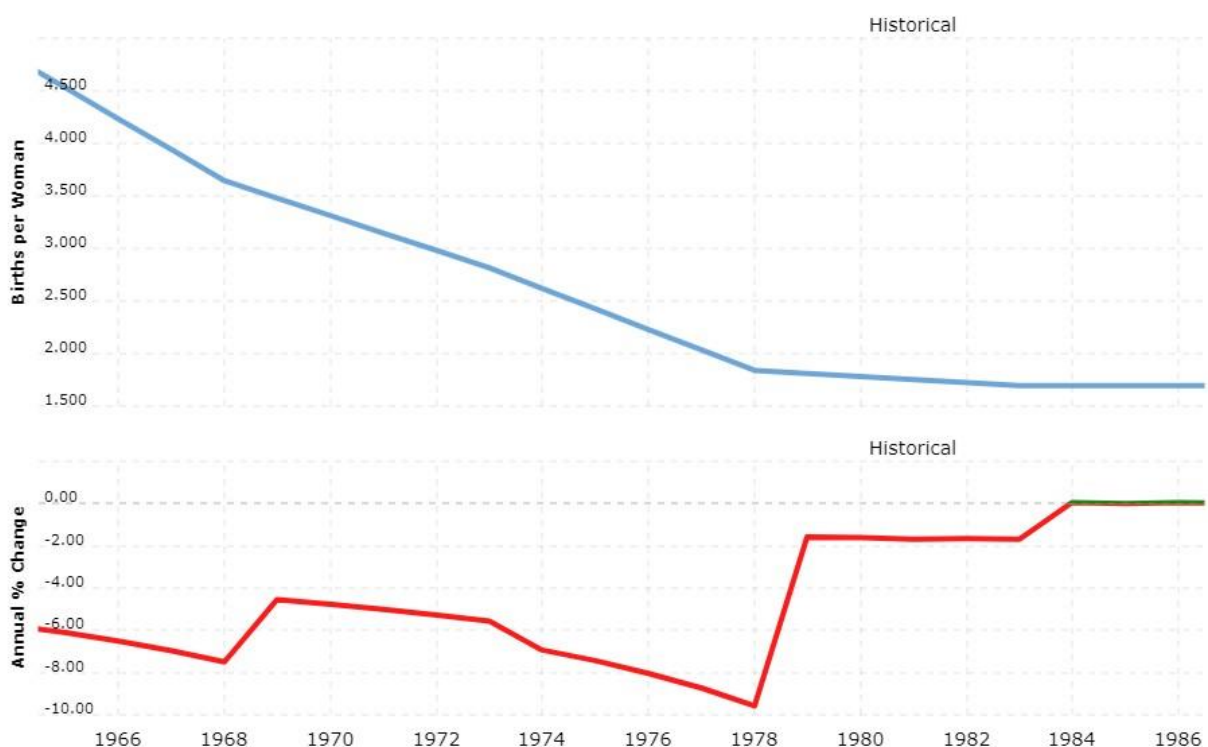
Modern contraceptive methods had a large impact in managing Singapore's population during this phase. Despite declining fertility rates, family planning services were introduced, and measures were taken to reduce the rate of population growth. These policies were aimed at managing population growth to a level that Singapore's infrastructure, education, and job market could support. The availability of modern contraceptive methods facilitated rational fertility control. In this phase, fertility rates fell below the ideal family size and even dropped below replacement level. Subsequently, the Total Fertility Rate (TFR) remained lower than the ideal family size, with the gap widening further in the third phase of demographic development.



## “Stop-at-Two” Policy:-

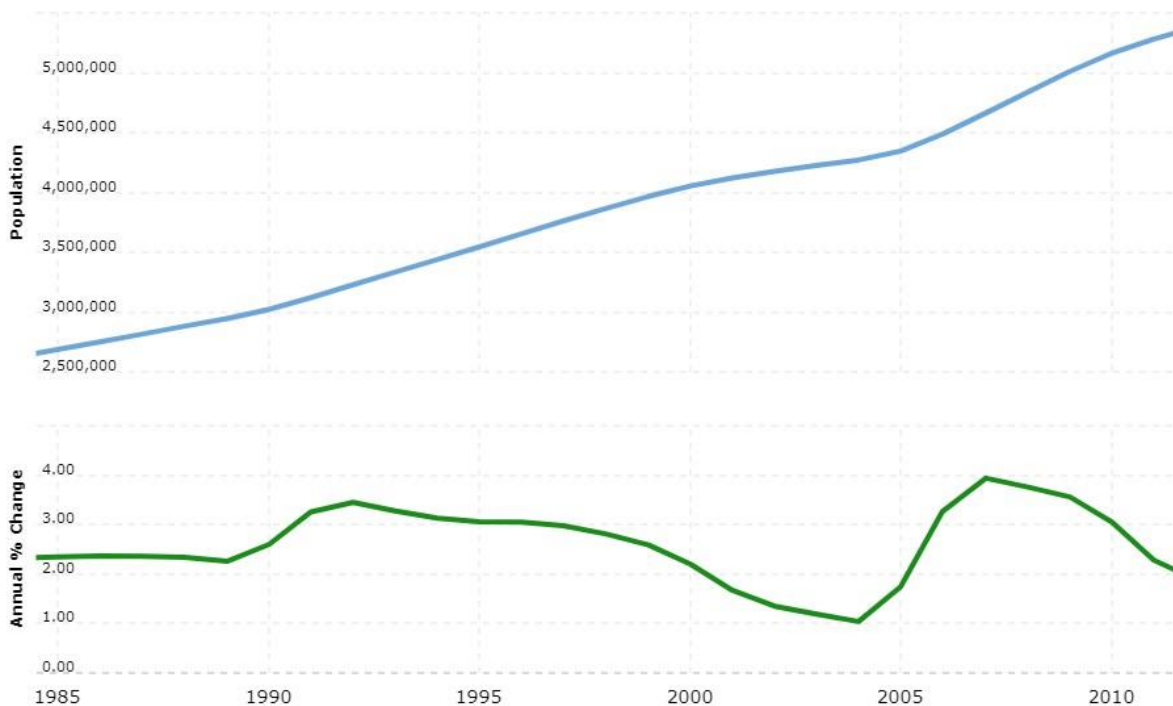
In the late 1960s, Singapore was classified as a developing nation and had yet to undergo the demographic transition. Although birth rates had declined from 1957 to 1970, they rose again in 1970 as women who were themselves products of the post-war baby boom reached maturity. Concerned that the growing population might strain the developing economy, an active family planning campaign “Stop at Two” was initiated. Abortion and sterilization were legalized in 1970, and women were encouraged to undergo sterilization after their second child. Additionally, the government implemented a series of incentives and disincentives between 1968 and 1973. Parents were penalized for having more than two children, and the per-child costs of each additional child increased gradually:

- In 1968, under the Employment Bill, female employees were not entitled to maternity leave for their fourth child or any subsequent children.
- In April 1969, the accouchement fee charged at Government Maternity Hospitals increased from \$10 to \$50 after the third baby.



### 3<sup>rd</sup> Stage of Demographic Transition (From mid 1980s to late 2000s)

In 1986, as fertility rates reached a historically low point of 1.4, the Singaporean government made a significant decision to completely reverse its two-child policy, marking the start of a new phase in the country's demographic trajectory. The government aimed to raise public awareness about the sustained sub-replacement fertility levels observed since 1975. During the late 1980s, a campaign with the slogan "Have Three or More (if You Can Afford It)" was launched to encourage larger families. By then, Singapore had been experiencing sub-replacement fertility levels for over a decade.



To counter the sharp decline in fertility rates, pro-natalist measures were introduced in 1987. Initially, there was a slight uptick in the Total Fertility Rate (TFR) to around 1.8–1.9 in the years following the implementation of the new policy. However, this increase was short-lived, and fertility rates continued to decline despite additional incentives introduced in 2001 and 2004.

Acknowledging the limitations of relying solely on the local population for generational replacement, Singapore naturally turned to promoting migration as a policy option. Before gaining independence in the 1950s, significant net migration occurred, supplementing high rates of natural increase and resulting



in exceptionally rapid population growth from 1947 to 1957. However, migration was halted during the second phase of demographic development. In the third phase, commencing in the late 1980s, migration once again became a pivotal factor in population growth. These migrants were permanent settlers seeking long-term residence in Singapore. By 2009, permanent residents accounted for approximately 11% of the total population.

### **Pro-natalist measures:-**

Pro-natalist measures, introduced in 1987, were implemented to address the decline in fertility rates and encourage higher birth rates in Singapore. These measures involved widespread public campaigns promoting marriage and parenthood, along with slogans like "Have Three or More (if you can afford it)," aiming to reshape societal attitudes towards family planning. To further support families, incentives such as tax rebates, parental leave, and childcare subsidies were provided, aiming to alleviate the financial burden of raising children and encourage couples to consider expanding their families.

### **“Have-Three-or-More (if you can afford it)” Policy:-**

In 1986, the Singaporean government acknowledged the serious issue of declining birth rates and made a significant shift away from its previous "Stop-at-Two" policy. Instead, it began promoting higher birth rates. By June 30 of that year, the Family Planning and Population Board was dissolved, and by 1987, the total fertility rate had dropped to 1.44. During this period, a new slogan was introduced: "Have Three or More (if you can afford it)," advocating for larger family sizes of three or more children for financially stable married couples, while emphasizing the joys of family life. This change in policy was prompted by Singapore's decreasing fertility rate and the increasing proportion of elderly citizens. However, it also aimed to address concerns about the unequal distribution of births between the educated and uneducated segments of society. Couples with insufficient income were advised against having more than two children to minimize the welfare aid spent on such families. Additionally, the government relaxed its immigration policies during this time.

### **“Baby Bonus” Scheme :-**

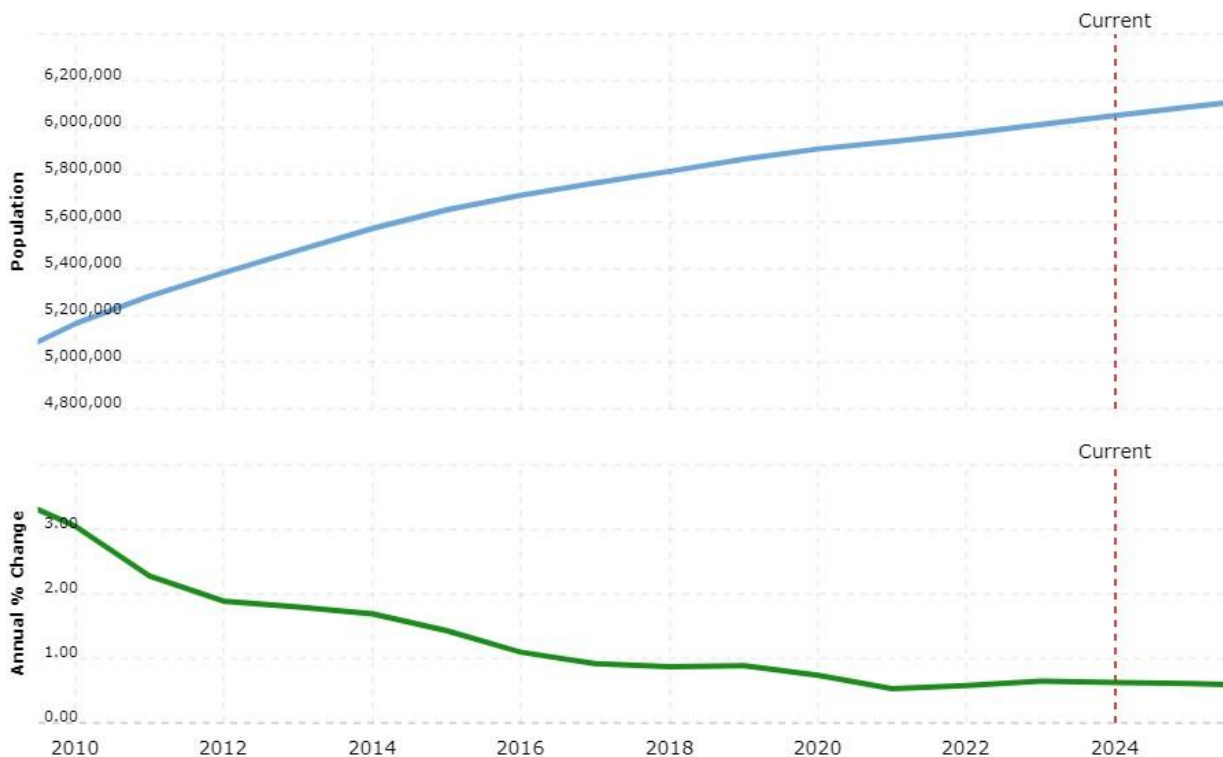
The Baby Bonus Scheme served to alleviate the financial challenges associated with raising children and incentivize parents to consider having more children. It was initially implemented on April 1, 2001, and subsequently strengthened on August 1, 2004. Further enhancements were made on August 17, 2008, extending increased benefits to Singaporean citizens, including the first and second child benefits, even beyond the fourth child.



## 4<sup>th</sup> Stage of Demographic Transition (From late 2000s - Ongoing)

Similar to many urbanized societies in East Asia, Singapore has been experiencing a decline in its Total Fertility Rate over time. Concurrently, Singaporeans are enjoying longer lifespans, with the country boasting one of the highest life expectancies globally. Given current birth rates and in the absence of immigration, projections indicate that Singapore's citizen population will decrease by around 2025. A significant demographic milestone occurred in 2012 when the first cohort of post-war Baby Boomers, born between 1947 and 1965, began turning 65 years old. By 2020, more citizens will be exiting the

working-age bracket of 20 to 64 years than those entering, resulting in a reduction in the pool of working-age citizens. As a consequence, Singapore's citizen population will age rapidly. By 2030, the number of elderly citizens is expected to triple to about 900,000, while being supported by a smaller base of working-age citizens. The median age of the citizen population is projected to increase from 39 years in 2011 to 47 years in 2030.

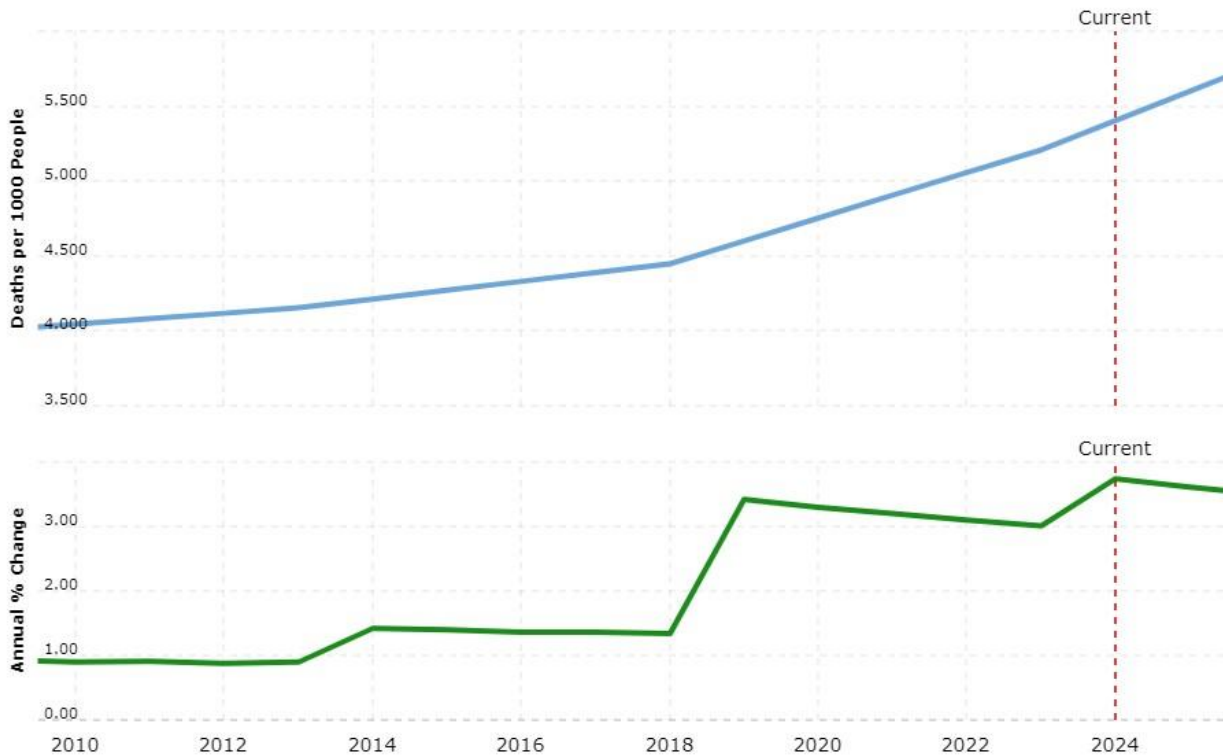


## COVID-19 :-

The resident total fertility rate (TFR) in Singapore has recently fallen below 1, marking a historic low for the nation. The estimated resident TFR for 2023 stands at 0.97. This ongoing decline in fertility rate coincides with Singapore's ageing population, presenting a significant dual demographic challenge. Also, the TFR has further decreased from 1.04 in 2022 and 1.12 in 2021. Several factors contribute to this decline, including disruptions caused by the Covid-19 pandemic to couples' marriage and family planning plans. Also, the government is making efforts to support marriage and parenthood.



As of 2022, Singapore's population aged 65 and above has surged to 18.4%, representing an 11.1% increase from 2012. This rapid ageing rate places Singapore among the nations experiencing the quickest demographic changes globally. Singapore has now entered Stage 4 of the Demographic Transition Model, characterized by low birth rates and prolonged life expectancies, leading to a demographic shift towards an older population. The ageing demographic presents significant challenges for Singapore's healthcare sector, necessitating increased government investment to expand healthcare services and address the rising demand for elderly care.



## Conclusion and Inference:-

The decline in fertility rates and the extension of life expectancy have substantial implications for various aspects of Singapore's citizen population, encompassing its size, the number of individuals within the working-age bracket, median age, and the ratio of support for the elderly. Despite continuous efforts to promote marriage and parenthood, solely boosting the Total Fertility Rate (TFR) cannot fully counterbalance the challenges stemming from a shrinking and aging citizen populace, especially over the next few decades. Immigration emerges as a potential strategy to alleviate the rate at which Singapore's citizen population ages and diminishes. By embracing immigrants, Singapore can inject vitality into its citizen population and effectively address demographic concerns.

## Credits and References:-

1. All the graphs have been generated and taken from :-  
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2. Other relevant data and references have been taken from :-

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