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Bolsa Família and Fertility Transition in Brazil

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The debate about the relationship between income and life events such as mortality and fertility has been ongoing for over 200 years. It remains a recurring topic of modern debate. In the last decade of the 18th century, the Marquis de Condorcet, in France, and William Godwin, in England, believed that economic development — leading to improvements in the quality of life— would have the effect of reducing not only mortality rates but also fertility rates. However, in his *Essay on Population*, published in 1798, Thomas Malthus takes issue with the progressive ideas of the two rational Enlightenment thinkers.

History has proven that Condorcet and Godwin's optimism was well founded — international data show that vital rates fall concomitantly with a rise in income, as stated in the theory of demographic transition. All countries in the world that have succeeded in their development and in eradicating poverty boast low mortality and fertility rates. Development and demographic transition are modern and synchronous phenomena that feed into each other. The advances of productive forces and the eradication of poverty contribute to reducing both fertility and the demographic dependency ratio, thus creating a window of opportunity that accelerates the process of improving quality of life.

However, some members of the public consider that the Programa Bolsa Família (PBF) — which offers benefits that increase according to the number of children, up to a maximum of five (three children aged 0–15 years and up to two adolescents aged 16–17 years) — could have a pronatalist effect, which would curb the decline in fertility among the low-income population.

However, academic studies show that, in practice, the PBF has not caused an increase in the number of children in beneficiary households. Based on the study 'Impacts of Bolsa Família in Reconfiguring Family Arrangements, in Gender Asymmetries and in the Individuation of Women' conducted in the city of Recife in 2007/2008, Alves and Cavenaghi (2011) show that there was no significant difference in reproductive behaviour among women living in households registered in the Single Registry (Cadastro Único) that benefited from the PBF and those that did not.

Although the trend of beneficiary families having a slightly higher fertility rate does exist, and there is, indeed, a slightly higher share of women who have three or more children (22.7 per cent versus 16.4 per cent among non-beneficiaries), the presence of a larger number of children tends to reduce per capita income, thus increasing the likelihood of families becoming eligible for PBF benefits. As such, the direction of causality between the number of children and those receiving PBF benefits would be the opposite. Women do not have more children because they receive PBF benefits — rather, by having more children, and thereby reducing per capita household income, women qualify for PBF benefits.

The higher fertility among the poor and less-educated population — with lower consumption rates and worse housing conditions — is a reality found throughout all reproductive behaviour studies conducted in Brazil.

Literature shows that, to a large extent, the higher fertility rate is due to a lack of access to sexual and reproductive health services, as well as a lack of professional and educational prospects and of a life trajectory that would enable the cultural and material progress of these young women.

The study data also show that there is a high percentage of women in unplanned pregnancies, regardless of whether they receive PBF benefits. In a way, this confirms the hypothesis that these women are in the programme because they had children — not the opposite. As noted in demographic literature, women with lower income and education levels in Brazil start having children earlier (rejuvenation of fertility) and also perform 'control by termination' earlier, after having had a certain number of children. As these women find it difficult to gain efficient and steady access to contraception methods, they eventually resort to sterilisation after exceeding the ideal family size.

That is, research shows that, much like the entire Brazilian population, the poor portion of Recife's population registered in the Single Registry has also undergone the process of fertility transition. Both the women who receive PBF benefits and the women who do not wish to have fewer children. However, there is a perverse effect that takes place due to the high rate of unplanned pregnancies, as the Unified Health System (Sistema Único de Saúde — SUS) has been unable to make sexual and reproductive health services universally accessible.

Despite the SUS's shortcomings, fertility rates have dropped, from around six children per woman (before 1970) to fewer than two children (in 2010). There has been a widespread trend towards smaller family sizes. There has also been a convergence between the fertility rates of women in different income groups; in recent times, this reduction has been greatest among the poorest households. Projections show a continued decline in the coming decades.

Although the PBF has what could be considered a pronatalist design, in practice the poor population covered by it continues to experience a decline in fertility. This happens due to the reversal in the flow of intergenerational wealth, as well as reductions in gender inequalities and gains stemming from social inclusion in the country. History is full of examples that show that citizenship is the best contraceptive, and that effective reproductive self-determination contributes to the process of upward social mobility.

References:

Alves, J.E.D. and S. Cavenaghi (2009). 'Dinâmica demográfica e políticas de transferência de renda: o caso do programa Bolsa Família no Recife (Demographic dynamics and income transfer policies: The case of the Bolsa Família program in Recife)', *Revista latinoamericana de población*, Vol. 3: 165–188, <http://www.alapop.org/2009/Revista/Articulos/Relap4-5_art7.pdf> (accessed 12 November 2013).

Alves, J.E.D. and S. Cavenaghi (2013). 'O programa Bolsa Família e as taxas de fecundidade no Brasil', in T. Campello and M. Côrtes Neri (orgs), *Programa Bolsa Família: uma década de inclusão e cidadania*. Brasília, Ipea, Chapter 14: 233–245, <http://www.ipea.gov.br/portal/images/stories/PDFs/livros/livros/livro_bolsafamilia_10anos.pdf> (accessed 12 November 2013).

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