Fertility Transition: Southeast Asia

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Abstract

On average, fertility in Southeast Asia is barely above replacement level and declining. However, the region includes countries with some of the highest and some of the lowest fertility levels in the world. Different political contexts have affected the timing of the fertility transition across the region. Also notable were differences in the pace of the fertility transition, between the predominantly Buddhist mainland and the predominantly Muslim or Catholic nations in insular Southeast Asia. While some nations are completing their fertility transition, others are facing the prospects of population aging and may soon undergo the second demographic transition.

Located east of the Indian subcontinent, south of China, and west of Melanesia (Figure 1), the 11 nations of Southeast Asia (SEA thereafter) have a combined population size estimated to be 619 million in 2013 – a more than threefold increase from the region’s population of 168 million in 1950 (United Nations, 2013a). The average annual growth rate of 2.07% over this period outpaced the world population’s growth rate and reflected a substantial difference between birth and death rates. Population growth has slowed dramatically in recent years and only remains positive due to population momentum – a relatively youthful age structure. The average period total fertility rate (TFR) for the region is barely above replacement level (2.13 in 2010–15, United Nations, 2013a).

However, the overall level and decline of SEA’s fertility masks significant variations from country to country. The region includes countries with some of the highest and some of the lowest fertility levels in the world (Timor-Leste, third highest with 6.53, and Singapore, fourth lowest with 1.25 in 2005–10, United Nations, 2013b; Table S.12). SEA also includes nations with some of the world’s most rapid fertility decline, for example, Vietnam from 1975–80 to 2005–10 (United Nations, 2013b; Table S.13) whereas others have experienced fertility lulls and even temporary increases during that same period (Cambodia, the Lao PDR, and Timor-Leste).

Demographic diversity is not entirely surprising in a region, which shares some common geographical, historical, religious,
and cultural features, but also experienced quite varied patterns of colonial rule, political and economic systems, and development (Reid, 1988a, 1993; Wolters, 1999). Created originally in 1967 with only five member states, the Association of Southeast Asian Nations (ASEAN) today includes all of SEA except but the recently independent nation of Timor-Leste. Participation in ASEAN may eventually contribute to greater political and economic integration in a region divided by decades of cold war politics.

The main line of geographical and cultural division is typically drawn between the nations of mainland and insular SEA. (Although most of its population lives on the mainland, Malaysia also includes part of the island of Borneo, shared with Indonesia and Brunei Darussalam. Together with these two nations, Malaysia is generally classified in insular SEA with Singapore (the two only became separate nations in 1965), as well as Timor-Leste and the Philippines.) However, substantial diversity is also found within nations, such as between the different islands of large archipelagoes (Indonesia and the Philippines), or on the mainland, between densely populated lowlands and the relatively isolated uplands home to small ethnic minorities (Scott, 2009). Numerically larger groups of Chinese and Indian-origin have also been present throughout the region since the late nineteenth and early twentieth century (Cushman and Wang, 1988; Reid, 1996, 2001), especially in the major metropolitan areas of the region. Driving the new regional economies, these metropolitan areas are increasingly distinct – ethnically, economically, culturally, and demographically – from their (mostly rural) national populations. In 2000, the TFR in Bangkok was estimated at 1.16 children per woman, closer to Singapore’s than to the national figure for Thailand at the time (1.81, Jones, 2009).

The extent of between- and within-nation diversity cannot be fully described here, but key features are highlighted because of their potential influence on the fertility transition. The principal religions present in SEA are (1) Buddhism, predominant on the mainland (Myanmar, Thailand, the Lao PDR, Cambodia, and Vietnam), (2) Catholicism, influential in the Philippines and Timor-Leste, and (3) Islam, the majority religion in Malaysia, Indonesia, and Brunei Darussalam, with significant minorities on the mainland (Cambodia and Thailand), in the Philippines, as well as in Singapore. Hinduism is the major religion in Bali (Indonesia) and among the ethnic Indian populations of Malaysia and Singapore, whereas Confucianism remains influence among ethnic Chinese communities found in metropolitan areas throughout the region. These different religious influences, and colonial histories have pulled Southeast peoples in different directions during the modern era, but they have not erased the distinctive cultural feature of SEA: women’s relatively high status and economic autonomy (Reid, 1988b; Van Esterik, 1982). Age differences between spouses tend to be comparatively small (Casterline et al., 1986), currently between 2 and 4 years (United Nations, 2012). Although polygamy is allowed under Islam, it was never very common pattern in SEA (Reid, 1988b; Jones, 1994). Matrilocality is not rare in any Southeast Asian country and is often as common as patriilocality among the ethnic Malay populations in Malaysia and Indonesia, the Philippines, and in most mainland nations (Reid, 1988a; Jones, 1995). The major exceptions are Vietnam and ethnic Chinese populations throughout the region which express strong gender preference (Wongboonsin and Ruffolo, 1995; Guilmoto, 2012). Another common cultural pattern, especially among Buddhist societies is the moral obligation to repay parents for one’s care in early life. The cultural expectation that children will support their elderly parents is widely shared in throughout the region (Croll, 2006).

A Demographic Overview

Five of SEA’s 11 nations are now among the world’s 25 largest countries, compared to only 2 in 1950. Indonesia, the fourth largest country in the world with 250 million people, is the region’s “demographic giant,” accounting for 40% of the region’s population (Table 1). Close to 100 million people also live in the Philippines, and more than half of the population of SEA lives on these two archipelagoes (56.3%). The other three nations are in mainland SEA, Vietnam at the eastern

### Table 1 Total population size, growth, density, and distribution by country

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Brunei Darussalam</td>
<td>418</td>
<td>3.43%</td>
<td>1.35%</td>
<td>75.20</td>
<td>69.5</td>
<td>29.5</td>
</tr>
<tr>
<td>Cambodia</td>
<td>15 135</td>
<td>1.95%</td>
<td>1.75%</td>
<td>19.80</td>
<td>79.3</td>
<td>23.5</td>
</tr>
<tr>
<td>Indonesia</td>
<td>249 866</td>
<td>1.96%</td>
<td>1.21%</td>
<td>44.00</td>
<td>126.4</td>
<td>26.9</td>
</tr>
<tr>
<td>The Lao PDR</td>
<td>6770</td>
<td>2.21%</td>
<td>1.86%</td>
<td>32.00</td>
<td>27.0</td>
<td>20.3</td>
</tr>
<tr>
<td>Malaysia</td>
<td>29 717</td>
<td>2.51%</td>
<td>1.61%</td>
<td>71.30</td>
<td>85.7</td>
<td>26.1</td>
</tr>
<tr>
<td>Myanmar</td>
<td>53 259</td>
<td>1.76%</td>
<td>0.84%</td>
<td>33.00</td>
<td>76.8</td>
<td>27.8</td>
</tr>
<tr>
<td>The Philippines</td>
<td>98 394</td>
<td>2.65%</td>
<td>1.71%</td>
<td>48.70</td>
<td>311.5</td>
<td>22.3</td>
</tr>
<tr>
<td>Singapore</td>
<td>5 412</td>
<td>2.65%</td>
<td>2.02%</td>
<td>100.00</td>
<td>745.6</td>
<td>37.3</td>
</tr>
<tr>
<td>Thailand</td>
<td>67 011</td>
<td>1.87%</td>
<td>0.30%</td>
<td>33.60</td>
<td>129.4</td>
<td>35.4</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1133</td>
<td>1.53%</td>
<td>1.66%</td>
<td>27.70</td>
<td>72.6</td>
<td>16.1</td>
</tr>
<tr>
<td>Vietnam</td>
<td>91 680</td>
<td>2.07%</td>
<td>0.95%</td>
<td>29.80</td>
<td>268.5</td>
<td>28.5</td>
</tr>
</tbody>
</table>

end and Thailand and Myanmar at the western end of the region. Together, these five nations account for more than 90% of the region’s population.

SEA is densely populated. Compared to the world average of 51 people per squared kilometer, the regional average is 133 people per squared kilometer (Table 1), and five nations have density twice the world average or more. Besides the city-state of Singapore (7436), the Philippines (311), Vietnam (268), Thailand (129), and Indonesia (126) are still predominantly rural countries. Dense rural settlements suggest demographic pressure on arable land that likely contributed to the growth of the large urban agglomerations that have developed in each of these nations. As of 2011, the population size of the urban agglomeration of Ho Chi Minh City (Vietnam) has reached 6.4 million inhabitants, Krung Thep (Bangkok, Thailand) 8.4 million, Jakarta (Indonesia) 9.8 million, and Manila (Philippines) 11.9 million (United Nations, 2011a). In 1975, Manila was already the region’s largest urban agglomeration but with a population size of just 5.0 million.

As in many nations in the less developed regions (LDR) of the world, mortality has declined tremendously in the second half of the twentieth century (Heuveline, 1999). Three SEA nations (Cambodia, Myanmar, and Timor-Leste) have life expectancies at birth in the mid-60s, slightly below the contemporary LDR average of 67.0 (in 2010–15) (United Nations, 2013a) (Table 1). The estimates of life expectancy for the wealthiest nations, Singapore (81.3 years) and Brunei Darussalam (78.2 years), exceed the average longevity in the more developed regions (MDR, 76.9 years). Only slightly lower are estimates of life expectancy for Malaysia (74.6 years), Thailand (74.4 years), and Vietnam (75.5 years). These countries have experienced very rapid economic progress in recent decades. The diversity of mortality transitions in SEA nations exemplifies the varied “routes to low mortality” (Caldwell, 1986; Kuhn, 2010).

As for the transition to low fertility, Singapore was the region’s forerunner, with a decline that started in the mid-twentieth century and proceeded with unprecedented speed – fertility had dropped below the replacement level by the late 1970s (Saw, 2005). In the rest of SEA, fertility rates seem stable or even increasing slightly in the 1950s. Such limited increases are fairly common across LDRs and usually indicate a decline in sexually transmitted diseases and subsequent infertility, rather than a fertility increase among fecund, married women. Fertility might have been increasing during the nineteenth century as well, as the colonial-period record, imperfect though it is, indicates an acceleration of population growth that may have preceded any significant improvement in health. While this fertility increase and its causes are still a matter of scholarly debate (Henley, 2011; Reid, 1992), the demographic picture becomes much clearer in the 1950s and reveals fertility rates in the range 5.5–7.4 children per woman that are fairly typical of LDR nations at the time (Table 1).

In mainland SEA, fertility levels did not decline significantly until the late 1960s (Thailand), the late 1970s (Myanmar and Vietnam), or even the late 1980s (Cambodia and the Lao PDR). When fertility rates begin to fall, however, after centuries of stability or slow increase, they declined rapidly. Replacement level was reached in less than 30 years after the onset of the decline in Thailand, Myanmar, and Vietnam (Table 2). While Thailand has come to exemplify a fast fertility decline in a relatively poor nation (e.g., Hirschman et al., 1994; Knodel et al., 1996), the decline in Myanmar and even more so in Vietnam from over seven children per woman in the early 1970s to replacement level before the century’s end are equally impressive (Goodkind, 1995; Haughton, 1997). In Cambodia and the Lao PDR, civil unrest and warfare might have temporarily depressed fertility levels, but the actual transition did not start until after peace had returned, sometimes followed by

### Table 1

<table>
<thead>
<tr>
<th>Country</th>
<th>Ever married</th>
<th>SMAM</th>
<th>Any modern method</th>
<th>Years to replacement</th>
<th>Total fertility rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>93.9</td>
<td>22.0</td>
<td>34.9</td>
<td>26.7</td>
<td>2.42</td>
</tr>
<tr>
<td>Indonesia</td>
<td>97.9</td>
<td>22.3</td>
<td>57.9</td>
<td>38.5</td>
<td>2.06</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>96.5</td>
<td>21.7</td>
<td>42.1</td>
<td>22.3</td>
<td>2.54</td>
</tr>
<tr>
<td>Malaysia</td>
<td>94.6</td>
<td>25.7</td>
<td>29.8</td>
<td>50.8</td>
<td>2.57</td>
</tr>
<tr>
<td>Myanmar</td>
<td>85.2</td>
<td>26.1</td>
<td>45.7</td>
<td>29.4</td>
<td>1.94</td>
</tr>
<tr>
<td>Philippines</td>
<td>92.8</td>
<td>24.4</td>
<td>36.3</td>
<td>60.9</td>
<td>3.05</td>
</tr>
<tr>
<td>Singapore</td>
<td>87.2</td>
<td>27.9</td>
<td>55.0</td>
<td>16.7</td>
<td>1.37</td>
</tr>
<tr>
<td>Thailand</td>
<td>92.0</td>
<td>24.1</td>
<td>79.8</td>
<td>23.2</td>
<td>1.53</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>96.8</td>
<td>23.1</td>
<td>20.8</td>
<td>68.1</td>
<td>5.92</td>
</tr>
<tr>
<td>Vietnam</td>
<td>94.4</td>
<td>22.7</td>
<td>59.8</td>
<td>21.6</td>
<td>1.75</td>
</tr>
</tbody>
</table>

*Most recent year available, typically in the last 10 years except for Malaysia (1995).

For countries that have not yet reached replacement level fertility, the figures are estimated based on extrapolating the pace of the fertility decline to date (figures in italics).

A growing consensus assigns to mortality change a central role in explaining the onset of the fertility transition (Hirschman, 1994; Mason, 1997; Cleland, 2001). The spectacular declines in child mortality, in particular, added strains on the family (Davis, 1963), but more generally, contributed to an acceleration of population growth in already densely populated areas. Pre-transitional fertility levels were lower in higher density areas in Indonesia (Hugo et al., 1987), higher in lower density frontier areas in Thailand (Vanlandingham and Hirschman, 2001) and increased after mortality-driven reduction in population density in Cambodia (Heuveline and Poch, 2007). Consistent with this interpretation, pre-1975 fertility declines are visible in the SEA nations with the lowest child mortality levels (Brunei Darussalam, Malaysia, Singapore) or with the highest population densities (Indonesia, Thailand, Philippines). The only exception to this generalization is Vietnam, but the transition likely delayed by the war there eventually outpaced transitions in the rest of the region.

In the classic formulation of the demographic transition theory (Notestein, 1953), mortality decline was assigned less of a central role, being held rather as one of the several dimensions of modernization, or even possibly a consequence thereof. The multidimensional development process, with rising levels of urbanization and education accompanying lower mortality rates may explain the early onset of the transition in Singapore. In the rest of the region, however, as in much of the LDR, mortality declines were achieved rapidly after World War II, ahead of any other sign of substantial modernization (in particular in Myanmar or Vietnam). In some countries, subsequent modernization likely played an accelerating role after the onset of fertility decline (Hirschman and Guest, 1990b; Gertler and Molyneaux, 1994; Hirschman et al., 1998). With the development of public education systems, parents cite the associated increase in the costs of childrearing as one of the factors influencing their decisions to have fewer children (e.g., Knodel et al., 1984). Some of the increase, however, originates less in the educational system than in the job market and the perception of an intensifying competition that leads to higher parental investments and eventually so-called “quantify/quality” trade-offs (Becker, 1991). Another crucial factor in the increasing costs of childrearing has been the opportunity costs of women’s wages. Traditionally engaged in the formal economy, women have provided almost the entire workforce of delocalized factories in fast-expanding sectors like the garment industry.

While mortality, with or without other modernization factors, contributed to reduce the demand for children, family planning programs facilitated access to more efficient means to achieve smaller families. In Thailand, Indonesia, or Vietnam, the onset of fertility decline seems to occur very soon after family planning programs were set up (Ross and Poedjastoeti, 1983; Robinson and Rachapaetayakom, 1993; Haughton, 1997). These three nations still have the highest modern contraceptive prevalence rates in the region today (Table 2), and the effectiveness of their national programs was clearly a factor in their fertility reaching replacement levels or lower – in Vietnam in particular, with the introduction of a one–two child policy (Goodkind, 1995). Signs of a fertility decline were visible before the establishment of a national family

**Explanations of Fertility Transition in Southeast Asian Nations**

Fertility transitions are typically driven by declines in marital fertility, and this has clearly been the dominant pattern in SEA (Retherford and Cho, 1973; Hirschman and Guest, 1990a). However, there have also been significant changes in marriage patterns in several Southeast Asian countries. The erosion of arranged marriages has led to declines in the proportion of married females at young ages and increases in the mean age at marriage among Muslims in Indonesia and Malaysia in particular (Leete, 1994; Jones, 1995; Hull, 2012; Jones and Gubbajhu, 2012). The postponement of marriage was, however, a modest factor in shaping total fertility changes in SEA compared to changes in the behavior of couples after marriage. The gradual adoption of modern contraceptives appears to have played the crucial role in this decline of marital fertility (Hull et al., 1977; Freedman et al., 1981; Ross and Poedjastoeti, 1983; Knodel et al., 1987; Entwistle et al., 1997) in the 1970s through the 1990s. The recent changes in marital patterns, including significant proportions of never married women in their 30s may be a more consequential determinant of fertility in the coming years.
planning program in some countries, for example, in the Philippines, though by only a few years, and even more clearly in Myanmar (Herrin, 2007; Myint, 1991). In Cambodia, the Lao PDR, and Myanmar, modern contraceptive prevalence has increased in the first decade of the twenty-first century and now ranges from 34.9% to 45.7%. These contraceptive prevalence rates, though high by historical patterns, are actually lower than the levels usually associated with their fertility: Laos has a prevalence rate of 55.2% and a TFR of 2.57 children per woman. Other than contraceptive use, potential factors contributing to this low fertility includes spousal separation due to temporary work-related migration and voluntary abstinence.

Overall, the fertility transition is relatively advanced in SEA and the region’s cultural context has typically been considered favorable to the fertility transition (e.g., relatively high-female autonomy). Contrasting nations within SEA, however, one can hardly overlook the religious dimension. In the predominantly Catholic Philippines, the transition has been very gradual, arguably more typical of Latin American nations. As noted earlier, the transition in predominantly Muslim Indonesia and Malaysia have proceeded unevenly, with some temporary lulls or possibly reversals. The transitions in predominantly Buddhist mainland SEA started later, proceeded faster, and to date, without interruption until well below replacement level. The uneven transition in multi-ethnic Malaysia and Indonesia might reflect fertility transitions proceeding at different paces among different communities – differences that might be related to government policies (Govindasamy and D’aVanzo, 1992). Although their small population sizes often makes them invisible even in disaggregated, subnational data, the limited evidence on the various highland populations in the region suggests that their fertility remains high and stands out from the general transition in the region (Gray et al., 2005).

**Completing the First, Starting a Second Demographic Transition?**

Fertility is currently below replacement in 6 of the 11 SEA nations. Recent trends suggest that fertility in these nations is very likely to remain below replacement in the next couple of decades (Table 2). Concerns over high density and fast growing populations may soon be replaced by concerns over rapidly aging populations that may even experience absolute decline in the coming years. The median age in Thailand is projected to reach 51.1 years by 2050, which would make it one of the 10 oldest in the world (United Nations, 2013a).

Singapore has tried to increase fertility (Saw, 2005: Chapters 11–13), but as elsewhere in the world, their pro-marriage and pro-natalist policies only had a limited impact (Yap, 1995) and failed to durably and substantially raise fertility (Jones, 2012). In contrast to Europe, changes in the timing of fertility have had little impact on period fertility rates in SEA (Chuan, 2010). In Europe, the postponement of fertility has been a major reason for the ultra-low levels of fertility in recent years. Since fertility postponement cannot continue indefinitely, this downward trend appears to have run its course and period fertility measures are inching back up (Goldstein et al., 2009). By contrast, in SEA, mean ages at marriage remain below 25 in most nations (SMAM (Singulate Mean Age at Marriage), Table 2), and fertility rates have fallen even more after age 35 than below age 35 (e.g., Thailand, Vietnam: United Nations, 2012). Like Singapore, nations faced with durable below-replacement fertility may also attempt to counter population decline and aging through immigration, but this might prove politically challenging (Jones, 2012; National Population and Talent Division, 2012).

Fertility rates are expected to continue to decline in the five SEA nations still above replacement, albeit at the different paces noted above. By 2030–35, only Malaysia and the Philippines (due to a slow pace) and Timor-Leste (due to a late onset) are projected with fertility levels above replacement. These fertility projections are mere extrapolations of past trends, and reversal cannot be entirely ruled out. As noted in Indonesia, fertility seems to have stabilized and possibly increased slightly in the past 10 years, while the proportion of married women among 15–24 year olds increased slightly (United Nations, 2012) after a precipitous decline in the previous decades (Jones and Gubhaju, 2012). This inflection of these demographic trends might result from a reaction to secularization and globalization trends leading to an increase in religiosity (Hull, 2012).

The record from around the world seems to indicate that the completion of ongoing fertility transitions is all but certain, and that nulls and slight reversals are only temporary. A more speculative question is whether the region may experience the onset of a ‘second’ demographic transition, alongside the ‘first’ one still ongoing in some other parts of the region. As argued above, the fertility transitions of SEA have been driven by declining marital fertility rates, without necessarily involving major transitions in marriage, divorce, unmarried cohabitation, and childrearing or having children out of wedlock toward rates that have been associated with low fertility in Western nations.

To date, if by international standards, the proportions of women marrying are still relatively high across SEA nations, the trend away from universal and young marriages is clear. Surprisingly, the proportion ever marrying is lowest in Myanmar (85.2%, Table 2). Rather than a new trend, this might be linked to contemporaneous political uncertainties and to the traditionally accepted form of celibacy in order to look after aged parents (Jones and Gubhaju, 2012: 86). With smaller family sizes, older-parent care falls on an increasing proportion of the children’s generation, and with economic restructuring, may now require work-related emigration and remittances from urban settings, increasingly conflicting with the traditional marriage process (Barbieri, 2009; Alipio, 2013). However, the clearer signs of decreasing proportions ever marrying are in Singapore (87.2%, Table 2), among ethnic Chinese communities in the rest of the region, and in some of the other large metropolitan areas (Jones, 2005). Given the current weight of the rural populations in most SEA nations still these changes are not too visible on national averages yet, but might soon become so with the likely continuation of rural-to-urban migration and possible diffusion to rural areas of new attitudes regarding marriage (Tey, 2007; Situmorang, 2007; Jayakody and Vu, 2009). Observed all over the world, the trend is not surprising and is
freely associated with the expansion of educational and professional opportunities for women. While a major reason for marital postponement in SEA as well, rising educational levels are not the only factor as Jones and Gubhaju (2009) finds increasing proportions never marrying across all educational groups. A modest counterbalancing factor – visible, but still relatively small numerically – is the predicted increase in international marriages to males from countries confronted to the “marriage squeeze” generated by increasing male-to-female birth ratios (Jones and Shen, 2008; Yang and Lu, 2010).

Unmarried cohabitation seems to remain extremely rare in SEA, at least based on the standardized data that demographic surveys collect across many countries. In the region’s national censuses, unmarried cohabitation only appears as a distinct marital status in the Philippines (Jones and Gubhaju, 2012). When unmarried couples openly live together, however, they are typically considered as married de facto. The census definition of marriage in Indonesia, which includes unmarried cohabitation (Hull, 2012), seems to reflect the general perception also prevailing in predominantly Buddhist nations. Elaborate and often expensive wedding ceremonies are socially desirable in the community, but Buddhism does not prescribe any particular ritual (Cherlin and Chamratrithirong, 1988). Unmarried cohabitation is likely more prevalent than data that suggest among the lower classes and in urban settings (Xenos and Kabamalan, 2007; Esara, 2012). Nonetheless, when married and unmarried partnerships are considered jointly, the prevalence of actual celibacy appears higher in SEA than in Europe (Jones, 2007).

In Western nations, increasing divorce rates are another feature of the second demographic transition (Lesthaeghe, 1983), consistent with the economic theory of marital instability (Becker et al., 1977). In SEA, however, some traditional societies were already accommodating high levels of marital disruptions (Jones, 1997; Hirschman and Teerawichitchainan, 2003). In Thailand, divorce rates were averaging about 15% after 20 years of marriage (Smith, 1981; Knodel et al., 1984), but were highest among Muslims, as also observed in Malaysia and Indonesia. Divorce there is relatively simple to obtain, at least for the husband, and was experienced by as many as 40% of men and women when arranged, early marriage was the norm (Jones, 1994), until the declining incidence of this marriage pattern brought a concomitant decline in divorce rates. In Cambodia, where marriage rates had remained relatively rare, however, the likelihood of divorce is now higher among couples who chose each other as marriage partners, and divorce rates have actually increased with the decline in arranged marriages (Heuveline and Poch, 2006). Slow increases in this ‘modern’ type of divorce are visible elsewhere in the region, including in populations where it was disapproved of before, such as those influenced by Confucian traditions (Jones and Gubhaju, 2012). Secular divorce still does not exist in the Philippines, where marriages can only be annulled by the Catholic Church.

Finally, out-of-wedlock birth ratios remain low, trivial even in some of the region’s nations. As elsewhere in the LDR, there is evidence that premarital sexual intimacy is on the rise, in particular in the region’s metropolitan areas (Brown et al., 2013; Ghuman et al., 2006; Gipson et al., 2012). A gradual change in extra-marital sexual behavior notwithstanding, there is little evidence to date to suggest that SEA will soon exhibit the high nonmarital fertility ratios of the United States or some North European nations. In these nations, out-of-wedlock fertility has maintained overall fertility fairly close to replacement level. In SEA, a more likely demographic path would seem to include the expectation of childbearing mostly within marriage, marital decisions still embedded in child–parent relationships, but increasingly the prerogative of individuals with changing aspirations, some of which may conflict with marriage and childbearing. In such a scenario, fewer and later marriages are typically paired with fertility substantially and durably below replacement (Jones, 2007).

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See also: Demographic Measurement: General Issues and Measures of Fertility; Family Size Preferences; Fertility Transition: Cultural Explanations; Fertility Transition: East Asia; Fertility Transition: Economic Explanations; Southeast Asia: Sociocultural Aspects.

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