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The Low-fertility problem in Hong Kong: Do Mainlanders' Births Help to Rejuvenate Low-fertility Problem?

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***Abstract*—**Hong Kong is one of the regions in the world where Total Fertility Rate (TFR) is very low. In 2001, the TFR dropped until 0.931, which means 1 woman even cannot give birth to one child on average. However, after the reformation of the 'Right of Abode of Hong Kong' in 2001 and the Chinese Central Government loosened the disembarkation procedure of mainland Chinese (mainlander) to enter Hong Kong in 2003; mainlander couples started to cross the border for giving births in Hong Kong. This action raises Hong Kong's TFR quickly from 0.931 (2001) to 1.094 (2010). Usually, an increasing trend of TFR means a sign of rejuvenation in low-fertility, but in the case of Hong Kong, the increase of TFR does not, rather it generates other population problems. This paper is going to discuss do mainlanders' births help to solve the low-fertility problem in Hong Kong.

***Keywords*—**Cross Border Birth, Low-fertility, Mainlander, Total Fertility Rate

I. Introduction

AFTER the handover on 1st July 1997, Hong Kong becomes a special administrative region of People's Republic of China (mainland China). Under the principle of 'One country, Two systems', Hong Kong Special administrative Region (Hong Kong) could remain the capitalist system while the mainland China continues with its socialist system. With a high degree of autonomy, Hong Kong permanent residentship [1] is different to normal Chinese citizenship, for example, different social duties and different travel document. Therefore, most of the policies established by Chinese Central Government such as One-child policy are not applicable in Hong Kong. Although the residentship is different, most Hong Kong permanent residents become solely Chinese citizens and hold a Chinese nationality after the handover. This transformation led all Chinese nations who are born in Hong Kong by non Hong Kong permanent residents and was not allowed to have Hong Kong permanent residentship under the British colonial rule, suddenly entitle to be a Hong Kong permanent resident under the 'Birthright Citizenship'. In terms of this transformation, the Court of Final Appeal[2] reformed the 'Right of Abode' of Hong Kong on 20th July 2001. According to the reformation, all Chinese nations who are born in Hong Kong, even by non Hong Kong permanent residents parents are entitled to have the right of abode in Hong Kong. And this change opened a gateway for mainlander couples to give a Hong Kong permanent residentship to their expecting child.

Since Hong Kong is a special administration region, immigration control between Hong Kong and mainland China remain exists even after handover. Both Hong Kong citizens and mainlanders are required to hold a valid travel document before crossing the border. Therefore, it is not easy for mainlander expectant mothers to go to Hong Kong for childbirth. However, in 2003, after the Central Government of China loosened the disembarkation procedure of mainlander to enter Hong Kong, the share of mainlander expectant mothers' born babies raised from 4.6% (2003) to 45.9% (2010). At the same time, it pushed Hong Kong's TFR from 0.901 (2003) to 1.094 (2010). Under the influence of mainlanders' cross border birth, Hong Kong's TFR rose quickly. Theoretically, the basic solution of low-fertility problem is to raise TFR. But, in the case of Hong Kong, the increasing TFR does not mean a recovery in low-fertility. The reason is, most of the mainlander couples' born babies are not going to settle in Hong Kong.

The theme of this paper is to discuss do the mainlanders' births help to rejuvenate low-fertility problem in Hong Kong. And this paper will be organized as follow. First, analyze the TFR trend of Hong Kong from 2000 to 2010. Second, explain the background of mainlanders' cross border. Third, examine the influence of mainlanders' births to Hong Kong's TFR and population. Forth, discuss do mainlanders' birth help to rejuvenate low-fertility in Hong Kong.

II. The TFR Trend of Hong Kong from 2000 to 2010

The TFR trend of Hong Kong from 2000 to 2010 is shown in Fig. 1. With the folk beliefs, the Dragon Year is considered a particularly auspicious time to plan for major events, such as new business ventures, marriages and births [1]. Therefore, in 2000, the Dragon Year, also a special year for millennium, the TFR was 1.035, a relatively high level compared to the following years. In 2001, Hong Kong had a 0.931 TFR, which is much lower than the replacement level (2.0<TFR<2.1). In other words, one woman could not give birth to one child in average. The TFR started to rise slowly in 2002, but decreased suddenly in 2003. The reason of the sudden drop was the SARS scare (Severe Acute Respiratory Syndrome) happened between March and June. After the impact of SARS scare in 2003, TFR started to rise quickly from 2004. It was mainly caused by the unexpected cross border birth action by mainlander couples. In

[1] The permanent residentship in Hong Kong is similar to a country's citizenship. However, Hong Kong is not a country, citizenship cannot be used.

[2] The Court of Final Appeal of Hong Kong is the court with the final adjudication power on the laws of Hong Kong.

2008, the unexpected cross border births pushed the TFR up to 1.056. The TFR slightly decreased to 1.042 under the economic shock in 2009, but it began to rise again in 2010. Although the movement of TFR was basically in an upward trend, it was still in a very low level and it took 6 years to recover from the level 0.9 to 1.0.

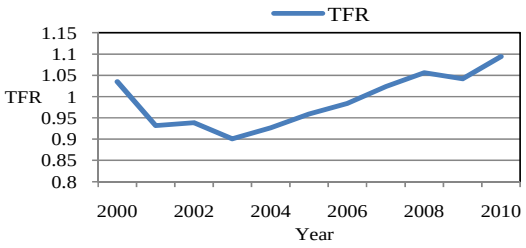

Fig. 1 TFR trend in Hong Kong from 2000 to 2010

The low fertility in Hong Kong is mainly caused by the changes of social and economic conditions. Due to the improved access to education and rapid economic development, more female are participating in higher education and labor force. This leads to trend toward delayed marriage and childbirth. The median age of first marriage of male was 31.1 and female was 28.7 in 2010, which is 2 years older than the 1990's (male 28.9 and female 26.3). The female working force participation rate rose from 46.8% in 1990 to 52% in 2010. Besides that, the highly urbanized environment produces smaller families. The average household size dropped from 3.5 people in 1990 to 2.9 people in 2010. Furthermore, the cost of raising children increased with the extended education period and the change in people's aspirations concerning personal financial rewards and standards of living.

A decline in fertility can be shown by the age-specific fertility rate. It is the number of live births occurring to women in a given age group during a calendar year compared at mid-year in that age group. It is often expressed as the number of births per 1000 women [2]. From 2000 to 2009, the age-specific fertility rate for women in the age group 20-24 and 25-29 continue to decrease. However, the age-specific fertility rate for women in the age group 30-34 and 35-39 has increased sharply. This may because of the delay of marriage. At the same time, it shows that women in Hong Kong prefer to have childbirth in their older ages.

Since cross border births by mainlander couples has a strong influence towards Hong Kong's age specific fertility rate. The sharp increase of fertility in age groups 30-34 and 35-39 points out that the age of those mainlander expectant mothers are mostly in the age of 30-39.

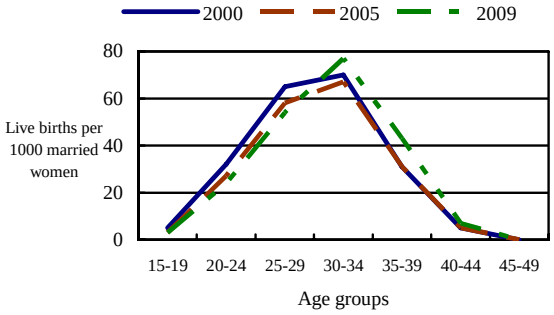

Fig. 2 Age-specific fertility rates of Hong Kong, 2000, 2005 and 2009

Base on the TFR trend in Fig. 1 an extrapolation method can be used to predict how long Hong Kong may recover from low-fertility. If the growth of TFR remains constant, it may take about 50 years for Hong Kong to recover from low-fertility (see Fig. 3).

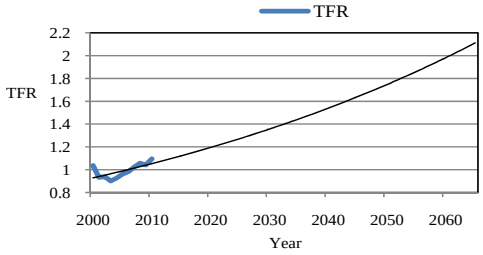

Fig. 3 The growth of TFR in Hong Kong by extrapolation method

However, the expected recovery trend in the TFR is strongly affected by the income of mainlander couples' childbirth. As mentioned before, after 2003, mainlanders' birth became the main factor in raising the TFR of Hong Kong, therefore, any change of mainlander couples' desire in coming to Hong Kong for childbirth or any population related policy change in mainland China would directly affect the growth of TFR in Hong Kong. One of the influencing parameters is the population control measure enforced in mainland China. From 1979, the Central Chinese Government introduced a strong family planning policy called 'One-child Policy' in restricting childbearing and it has been strongly enforced in urban areas. Extra childbearing would lead to heavy penalty, such as huge amount of penalty charges, demotion at work, etc [3]. With a long tradition of son preference, many couples abandon undesirable female children. However, if their child is going to be born in Hong Kong, the parent would not go against the law as 'One-child Policy' is not applicable in Hong Kong. Thus, couples who already has a daughter or who wish to have more than one child are willing to pay a high cost to give birth in Hong Kong. Facing a speedy aging population problem, the Central Chinese Government began to loosen up the 'One-child Policy' in some selected regions. Basically, couples who both

are the only child of their family and have an official family registry in the selected regions could have two children in their marriage. Despite, this policy has different limitation varies local governments; giving birth in Hong Kong seems to be an easier and safer method for having more than one children. But, when the Central Chinese Government removes the 'One-child Policy' in the future, it could be expected that the desire of mainlander couples to give birth in Hong Kong would be much lower. Furthermore, the Hong Kong permanent residentship is attractive to mainlander couples. First, having a Hong Kong born baby can allow the baby to travel oversea freely without complicated procedures. A Hong Kong passport allows holder to enter over 140 countries or regions without visa which is much more than the People Republic of China passport, 18 countries or regions without visa. Second, difference between Hong Kong and mainland Chinese citizens in enjoy civil and political rights. For example, a better welfare system and healthcare systems than the mainland China help to attract mainlander couples to give birth in Hong Kong. However, when the distinct differences between Hong Kong permanent residents and mainland Chinese citizens become smaller or fewer, the desire of mainlander couples to have their childbirth in Hong Kong will be much lower. In sum, any changes of social situation or social policies of mainland China will directly affect the desire of mainlander couples to deliver babies in Hong Kong. At the same time, it also strongly affects the future movement of Hong Kong's TFR.

III. The Background of Mainlanders' Cross Border Births

Hong Kong as a special administrative region has an independent residentship from mainland China. Therefore, even after the handover, immigration control between Hong Kong and mainland China remain exists. Both Hong Kong citizens and mainlanders are required to hold a valid traveling document before crossing the border. In the past, mainlanders could only travel to Hong Kong by business visa or in a group tour. However, from 28th July 2003, in order to improve Hong Kong's and Macau's economic condition after the SARS scare, Central Chinese Government drew up an 'Individual Visit Scheme' to allow mainlanders to travel to Hong Kong and Macau on individual basis. Together with the scheme, the disembarkation procedure of applying 'Exit-Entry Permit for Travelling to and from Hong Kong and Macao', colloquially known as 'Two-way permit' has loosen. This document allows mainlanders to travel to Hong Kong for the purpose of personal visit, family reunion, business and other non-government purpose to and return from Hong Kong or Macau. Other than family reunion, the maximum of stay in Hong Kong or Macau is 7 days and the validation of the travel document is usually 3 months or 1 year [4]. After practicing the 'Individual Visit Scheme', mainlander couples started to come to Hong Kong to deliver babies by individual travel documents. Since the 'Right of Abode in Hong Kong' permits all Chinese nationals who are born in Hong Kong entitle to the right of abode in Hong Kong, those babies who are born in Hong Kong by mainlander couples are not going to be restricted by the family registration system in mainland China. Rather than following their parents' official family registry, those babies who are born in Hong Kong will hold a 'Hong Kong Permanent Identity Card' and automatically become Hong Kong permanent resident. Thus, having childbirth in Hong Kong would not go against the 'One-child Policy', and the couples would not be punished for extra birth.

Table 1, data draw from Hong Kong Census and Statistics Department, shows the share of new born babies by native residents (babies born in Hong Kong with both parent being non Hong Kong residents are not included) and mainlander mothers from 2000 to 2010. Although native born is the mainstream of the live births in Hong Kong, the share is getting smaller because of the large inflow of mainlander couples born babies. Before the 'Individual Visit Scheme' being carries out in 2003, there were already some cases of mainlander mothers cross the border to deliver babies in Hong Kong. However, most of the cases are the mothers who have married to Hong Kong permanent resident men by the result of cross border marriage (usually Hong Kong man with mainlander woman) gain in popularity. At that time, babies who were born by mainlander couples only occupied a small percentage. However, after the 'Individual Visit Scheme' being carries out, babies who are born by mainlander couples rose suddenly. The share of mainlander couples' born babies rose from 4.4% (2003) to 24.4% (2006).

TABLE 1
THE SHARE OF NEW BORN BABIES BY NATIVE AND MAINLANDER MOTHERS

				Babies born by mainlander mothers			
Year	TFR	Total Number of live births	Babies born by HK residents parents	Husband is Hong Kong residents	Husband is mainland residents	Others*	subtotal
2000	1.035	54134	45961 (84.9)	7464 (13.8)	709 (1.3)	N.A.	8173 (16.2)
2001	0.932	48219	40409 (83.8)	7190 (14.9)	620 (1.3)	N.A.	7810 (16.2)
2002	0.939	48209	39703 (82.4)	7256 (15.1)	1250 (2.6)	N.A.	8506 (17.6)
2003	0.901	46965	36837 (78.4)	7962 (17.0)	2070 (4.4)	96 (0.2)	10128 (21.6)
2004	0.927	49796	36587 (73.5)	8896 (17.9)	4102 (8.2)	211 (0.4)	13209 (26.5)
2005	0.959	57098	37560 (65.8)	9879 (17.3)	9273 (16.2)	386 (0.7)	19538 (34.2)
2006	0.984	65626	39494 (60.2)	9438 (14.4)	16044 (24.4)	650 (1.0)	26132 (39.8)
2007	1.024	70394	42820 (60.8)	7989 (11.3)	18816 (26.7)	769 (1.1)	27574 (39.2)
2008	1.056	78752	45187 (57.4)	7228 (9.2)	25269 (32.1)	1068 (1.4)	33565 (42.6)
2009	1.042	82095	44842 (54.6)	6213 (7.6)	29766 (36.3)	1247 (1.5)	37253 (45.4)
2010	1.094#	88495#	47847 (54.1)	6169 (7.0)	32653 (36.9)	1826 (2.1)	40648 (45.9)

Number in ( ) are the share (%) of that group by total number of live births.

* Others: mainlander mother did not provide the baby's father information during the birth registration.

Provisional figures.

Between 2003 and 2006, Hong Kong's hospitals unexpectedly received over 60,000 mainlander mothers to give birth. Unexpected arrival of mainlander mothers usually with limited

medical records which made medical care providers found hard to provide appropriate treatment. Facing the risk of helping few health records mothers to deliver baby, most of the hospitals placed unexpected mainlander mothers in intensive care. This straining Hong Kong's overburdened health-care system. Furthermore, many mainlander mothers left without paying hospital fees and brought a huge financial problem to Hong Kong government. In 2007, Hong Kong government announced that unpaid fees by non Hong Kong residents exceeded HK$322,000,000 (about US$ 41,282,000) and over 70% were owned by mainlanders between 2002 and 2006 [5].

In order to relief the stress of medical care providers and to maintain the basic medical services for Hong Kong residents, Hong Kong government imposed restriction on mainlander expectant mothers to enter Hong Kong from February 2007 and raised the non Hong Kong resident delivery and birth-related hospitalization in public hospital from minimum HK$9000 (about US$1154) to HK$39000 (US$5000) [5]. The average annual salary of mainland China city dweller in 2009 was RMB¥18858.09 (about HK$22000), and it was lower than the new expenses of childbirth in Hong Kong's public hospital. Although the Hong Kong Government has raised the expenses for delivery, it did not help to stop mainlander mothers to come for childbirth. And so, in 2009, Hong Kong hospitals generated HK$150,000,000 (about US$ 19,230,000) from such mainlander mothers [5].

IV. The Influence of Mainlanders' Birth to Hong Kong's TFR and Population

Since TFR is the average number of children that would be born to a woman over her lifetime (ages 15-49). It is the sum of all age groups of 5 times each age-specific fertility rates. And age-specific fertility rate is the number of live births to women in of time, and the denominator an estimate of number of person-years lived by women in that same age group expressed as births per 1000 women. Within the mainlander mothers, 2 main groups can be identified. The 1st group is her spouse is Hong Kong permanent resident. The 2nd group is her spouse is also a mainland Chinese resident. The 1st group mothers normally will migrate to Hong Kong through 'One-way Policy[3]' within 4 years as their husbands are settled in Hong Kong. Thus, the official calculation in TFR, the 1st group mothers are also taken into account [6]. However, the 2nd group mothers usually will go back to mainland soon after birth because both the mother and her husband do not have a right to settle in Hong Kong. Their existences are not counted in Hong Kong's women population. On the other hand, it is because all the Chinese nationals born babies in Hong Kong will directly become Hong Kong permanent resident, all babies born by mainlander couples are counted in the 'live births in Hong Kong'. Therefore, a statistic error exists. It is because the 2nd group mothers born babies are all counted in one of the age-specific fertility rates in Hong Kong. Thus, the age-specific fertility rate is higher than it should be and eventually pushes the TFR to a higher level.

A simple calculation is done to figure out the impact of mainlanders' birth to Hong Kong's TFR. Since the TFR is composed of native born (native-born included births by mainland women whose spouses are Hong Kong permanent residents) and mainlander born babies. By using the share of native born and mainlander born babies, Hong Kong's TFR can be separate into 2 parts. In Fig. 4, it shows the capture of native born and mainlander born babies towards Hong Kong's TFR. It is clear that the natives' birth is getting less affective to the TFR and the mainlander birth has become the leading cause in pushing TFR to rise. Base on the downward trend of native birth, it could be concluded, if Hong Kong government is not going to impose any quota controls towards mainlanders in delivering babies in Hong Kong, TFR is no longer be useful in reflecting the actual fertility situation of Hong Kong and the future population development.

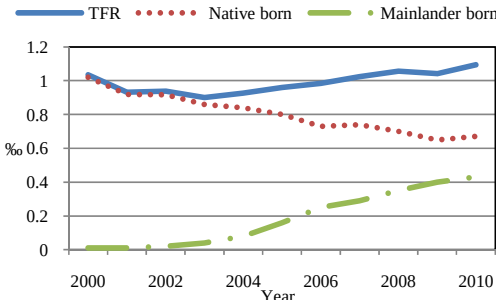

Fig. 4 Hong Kong's TFR and the capture of native and mainlander towards Hong Kong's TFR

In 2007 and 2009, Hong Kong Government conducted a research called 'Assumptions on babies whose are born in Hong Kong to Mainland women' and aimed to understand would those babies born by mainlander mothers settle in Hong Kong soon after their birth. The result was, 98% of 2nd group mothers born babies are not going to settle in Hong Kong after their births. Furthermore, 72% of those babies are not going to settle in Hong Kong before their ages turned into 21. As a result, with the absent of those mainlanders' born babies, a sudden contract of young age group resident population is predictable.To proof this prediction with limited data, a comparison between born babies over the past 5 years (sum of 5 years live births of certain years) and population aged 0-4 is being done. Assume there is no immigrant and emigrant of the new born babies, and the infant mortality rate of aged 0-4 remains constant. The sum of born babies over the past 5 years will be slightly more than the population aged 0-4 in a given year because not all new born babies could survive after birth. The increase or decrease movement of two curves should be the same (as the infant mortality rate is given as constant) and will be almost parallel to each other. Japan is a good example to

[3] One-way Policy is a policy established by People's Republic of China for allowing residents of mainland China to leave the mainland and to settle in Hong Kong. This policy is limited to family reunion, only family members of

proof this prediction. Since Japan has no immigrant policy, the birth population will directly become the resident population. Therefore, 2 curves will move parallel to each other (see Fig. 5). Therefore, in the case of Japan, raising fertility is the most useful method in solving low-fertility problem.

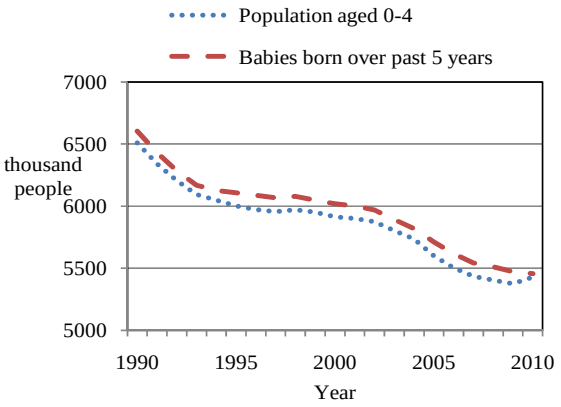

Fig. 5 Comparison between born babies over the past 5 years and population aged 0-4 in Japan from 1990 to 2010

However, in the case of Hong Kong, the relation between born babies over the past 5 years and population aged 0-4 is totally different to the case of Japan. In Fig. 6, it shows that before 2001, the population of aged 0-4 is more than those babies born over the past 5 years. This tells that from 1990 to 2001, there was a large inflow of children by immigration. It was mainly caused by the family reunion policy, colloquially known as 'One-way Policy' which brought large among of young population to Hong Kong. However, from 2002, the situation had changed; the outflow of population aged 0-4 became larger. The curve of born babies over past 5 years rose speedily after 2003 and generated a big gap between resident population and the sum of live births over the past 5 years. This was caused by the absent of 2nd group mothers born babies and the increasing share of them in the total lives births. Hence, when more 2nd group mothers come to Hong Kong to deliver babies, the contraction of aged 0-4 population will be much greater.

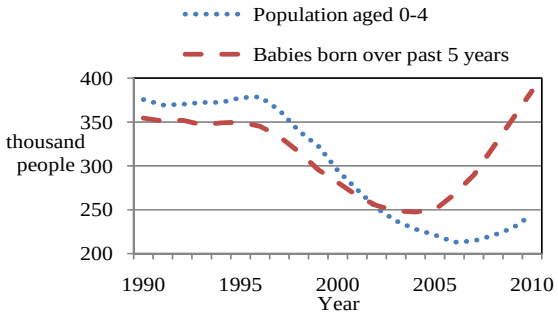

Fig. 6 Comparison between born babies over the past 5 years and population aged 0-4 in Hong Kong from 1990 to 2010

From another angle of view, mainlanders' births also affect the growth of children population (aged 0-14). Although the TFR is in an uprising trend, most of the 2nd group mainlander mothers born babies are not going to settle in Hong Kong. The population between ages 1-14 is not going to expand with live births in a direct proportional. As a result, the population between ages 1-14 continues to contract because of the low-fertility of native residents. In order to examine the impact towards young population, a comparison of population pyramids is made. The first population pyramid is made based on 2009 official data which drew from Hong Kong Census and Statistic Department (see Fig. 7). The second population pyramid is a hypothesis, which is made based on 2009 population but assumed all the live births are settled in Hong Kong and the sex ratio is 1:1 (see Fig. 8).

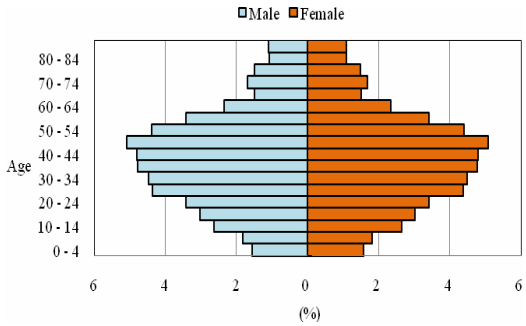

Fig. 7 Population pyramid of Hong Kong in 2009

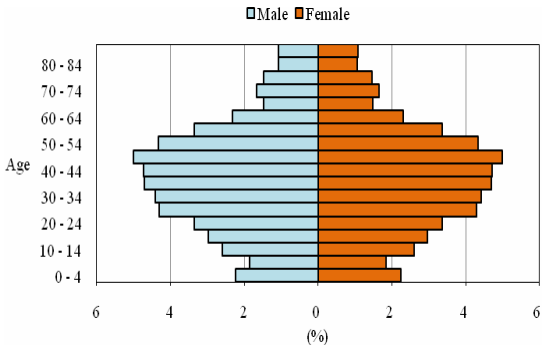

Fig. 8 Hypothesized Population Pyramid

Hong Kong permanent residents are eligible to apply.

By comparing the population pyramid of 2009 and the hypothesized population pyramid, the base of the assumption population pyramid is much wider than the one in 2009. It reflects that the children population did not expand with the increased live births by mainlander couples and when they are not going to settle in Hong Kong, their births will have no relation to the future population development in Hong Kong.

V. Do Mainlanders' Births Help To Rejuvenate Low-Fertility Problem ?

Normally, in order to rejuvenate low-fertility problem, raising the TFR back to replacement level is the fundamental approach. The coming of mainlanders' birth helps to raise Hong Kong's TFR from 1.035 (2000) to 1.094 (2010). Although in terms of recovery to replacement level, it still has a long way to go; it is true that mainlanders' cross border birth has a strong contribution in raising Hong Kong's TFR. Since all the babies born by mainlander couples are entitled to the permanent residentship of Hong Kong, they will naturally become a part of Hong Kong's population without any juridical problems. Yet, most of the mainlander couples born babies are not going to settle in Hong Kong soon after birth because their parents are not eligible to settle in Hong Kong. It is because all the mainlander couples travel to Hong Kong by the name of tourist, they are not allowed to stay in Hong Kong more than 7 days. Furthermore, even their child is a permanent resident of Hong Kong; their parents could not migrate to Hong Kong immediately. According to the immigration policies between Hong Kong and mainland China, those babies' parents could migrate to Hong Kong by 'Capital Investment Entrant Scheme', 'Quality Migrant Admission Scheme' or 'Residence as Dependants' colloquially known as 'One-way Policy'. The 'Capital Investment Entrant Scheme' requests a minimum HK$10,000,000 threshold of investment for admission to Hong Kong [7]; the 'Quality Migrant Admission Scheme' requests highly skilled or talented persons who are fresh entrants not having the right to enter and remain Hong Kong to settle in Hong Kong in order to enhance Hong Kong's economic competitiveness in the global market [8]. The 'Residence as Dependants' only allows the applicant who is Hong Kong permanent resident to apply his/her spouse, unmarried dependent child under the age of 18 and his/her parent aged 60 or above to immigrate to Hong Kong [9]. As a result, it is very difficult for mainlander couples to migrate to Hong Kong by just giving birth. And, it is also difficult for those babies to settle in Hong Kong before they can be independent from their parents. Then, the timing of those babies' return would directly determine whether their existence could help to rejuvenate low-fertility problem in Hong Kong. The main population problem that low-fertility generate is aging. When the babies are going to settle in Hong Kong at a younger age, their existence would help the population to grow younger. With the expansion of young population, the share of elderly population would decrease. Then, the speeding of aging would slow down gradually. On the other hand, babies return at older ages tends to generate older populations. At the same time, older entry ages contribute fewer native descendants. Furthermore, in terms of economic activities contribution, the younger the babies return, the longer period they can contribute the economic activities. Thus, their age of return become emotionally involved with the rejuvenation of low-fertility problem.

Apart from their age of return, their desire of return also affecting their effectiveness in rejuvenate low-fertility problem in Hong Kong. Theoretically, when TFR is at a replacement level, the population will remain stationary; however, when the birth population and resident population are not in the correct relative position, the level of TFR does not help to reflect the real low-fertility problem. If those mainlander couples' born babies are not going to settle in Hong Kong, their existence would have no relation to Hong Kong's population. Therefore, their contemporary existents do not help to rejuvenate low-fertility problem, and at the same time, they do not worsen the aging problem in Hong Kong.

VI. Conclusion

The reformation of "Right of abode in Hong Kong" in 2001 opened a gate for all Chinese nationals to have a chance to give their children a permanent residentship of Hong Kong as a present for birth. There are many reasons to persuade mainlanders to give birth in Hong Kong even the cost is very high, such as one child policy and family registration system not applicable to Hong Kong, a different passport and residentship. With the boom of mainlanders coming to Hong Kong to deliver baby, the TFR of Hong Kong rose continuously from 2003. However, most of the babies who are born by mainlander couples are not going to settle in Hong Kong soon after birth because of some technical problems. For example, mainlander couples could not migrate to Hong Kong by just having childbirth in Hong Kong. The 'Family Reunion Policy' is not applicable for those babies to apply their parents to migrate to Hong Kong before their parents turn into 60 years old. Therefore, it is very difficult for those babies to settle in Hong Kong before they could be independent from their parents. The absences of those mainlanders' born babies generate a big gap between the birth population and the resident population. As a result, the TFR became a useless index in reflecting the real Hong Kong's fertility. Since all those mainlanders' born babies are entitled to the 'Right of Abode of Hong Kong', they could become a part of Hong Kong's population anytime as they wish. Thus, their returns strongly related to the population development and the timing of their return directly affect their effectiveness in rejuvenating low-fertility or slowing down the aging of Hong Kong. In the short run, mainlanders' born babies are not helpful in rejuvenate low-fertility problem or slow down the speed of aging because they are not settling in Hong Kong. In the long run, as long as mainlanders' born babies return to settle in Hong Kong before their retirement age, their childbearing are helpful in rejuvenate the fertility and their manpower are helpful in contribution to economic activities. Surely, the younger the babies could settle in Hong Kong, their existences are more effective in rejuvenate low-fertility problem. By contrast, the

older their return, the less effective in rejuvenate low-fertility problem, and their return might worsen the speed of aging. However, if those babies are not going to settle in Hong Kong in the future, they are not harmful to Hong Kong's population development as they are not counted in Hong Kong's population. Although the mainlander cross border birth action has a very short history, it leads to a huge population issues and directly affects the population development in Hong Kong.

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