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# Legal Safeguards for Building a Childbirth-Friendly Society in China

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**Abstract:** Building a childbirth-friendly society is a systemic undertaking designed to address low fertility and promote high-quality population development. Its effectiveness depends on legal safeguards that are stable, coordinated, and enforceable. China has established the initial architecture of a fertility-support system, but significant weaknesses remain: interdepartmental coordination is underdeveloped; legal rules are fragmented and insufficiently aligned; responsibilities among public and private actors, including fiscal responsibilities, are unclear; and implementation oversight and rights-based remedies remain weak. Reform should be grounded in reproductive autonomy, human dignity, and gender equality. It should strengthen coordination mechanisms under law; improve the rules governing maternity insurance, childbirth-related leave, childcare services, and assisted reproduction; clarify the allocation of responsibilities between the central and local governments and between the state and society; and create an integrated framework for monitoring, evaluation, accountability, and remedies. These reforms would convert time-limited policy support into stable and predictable institutional guarantees.

**Keywords:** Childbirth-friendly society; legal safeguards; allocation of powers and responsibilities.

## 1. Introduction

In recent years, China's rate of natural population increase has generally trended downward and has remained negative since 2022, while its total fertility rate has remained persistently low, creating a risk that the country may fall into a low-fertility trap. China's population grew for decades after the founding of the People's Republic, peaked at 1.413 billion at the end of 2021[1], began to decline in 2022, and fell to 1.408 billion at the end of 2024[2]. This population decline has been driven primarily by low fertility and the sharp decline in the number of births. The number of births fell from 17.86 million in 2016 to 9.56 million in 2022—approximately half the 2016 figure[3, 4]. According to the National Bureau of Statistics of China, China's population stood at 1.40489 billion at the end of 2025, representing a decrease of 3.39 million from the end of 2024. The country recorded 7.92 million births, with a crude birth rate of 5.63 per thousand, and 11.31 million deaths, with a crude death rate of 8.04 per thousand. The natural population growth rate was −2.41 per thousand[5]. Based on a comparison of the 2024 estimates in World Population Prospects 2024, China had the lowest total fertility rate among the world's 16 countries with populations exceeding 100 million. China was also among the countries experiencing "ultra-low" fertility, defined as fewer than 1.4 births per woman[6]. China's low-fertility trajectory is likely to be prolonged, rapid, large in scale, and difficult to reverse[7]. Low fertility is therefore the principal risk to high-quality population development, making it necessary to pursue the recovery of fertility toward replacement level[8].

On July 18, 2024, the Third Plenary Session of the 20th Central Committee of the Communist Party of China adopted the Resolution of the Central Committee of the Communist Party of China on Further Deepening Reform Comprehensively to Advance Chinese Modernization. The Resolution states: "We will refine the policy system and incentive mechanisms for boosting the birth rate and strive to build a childbirth-friendly society."[9] This was the first central policy document to establish the construction of a childbirth-friendly society as a top-level national commitment. Sustained institution-building is essential if China is to escape the low-fertility trap. Because the undertaking spans multiple policy fields, affects a wide range of interests, and involves complex causal factors, it requires coordinated action across sectors. Law is the principal means of converting fertility-support policies into stable institutional guarantees. The construction of a childbirth-friendly society entails public-resource allocation, fiscal expenditure, and the distribution of responsibilities among multiple actors. Flexible policy instruments alone cannot generate stable, uniform, and enforceable expectations. Legislation must therefore define state obligations, allocate powers and responsibilities, establish implementation procedures, and provide effective remedies. Against this background, this article first identifies the structural social causes of low fertility and clarifies the constituent elements of a childbirth-friendly society. It then examines deficiencies in China's current fertility-support arrangements, focusing on the normative framework, the allocation of powers and responsibilities, and implementation safeguards. Finally, it proposes reforms to the legal framework, institutional and fiscal responsibility, oversight and evaluation, and rights-based remedies.

## 2. Social Foundations and Legal Needs of a Childbirth-Friendly Society

Population dynamics and socioeconomic development are mutually constitutive. Fertility, as a decisive determinant of population dynamics and patterns, is formed and changes within particular institutional and social environments. People's financial circumstances, allocation of time, and quality of life all significantly affect their reproductive decisions. Social fairness, an accommodating environment, a sense of well-being, and adequate protection may strengthen the public's willingness to have children; entrenched class

divisions, blocked upward mobility, financial hardship, inadequate protection, and excessive competition work in the opposite direction. Short-term, fragmented, or hastily designed measures may be beneficial, but they cannot quickly alter an established demographic pattern or alleviate low fertility. It is therefore necessary, after identifying the structural social causes of low fertility and the basic meaning of a childbirth-friendly society, to explain why stable, long-term legal safeguards are necessary.

## 2.1. Obstacles to Building a Childbirth-Friendly Society

### 2.1.1. Social Transformation

Profound social change has weakened the social foundations for childbearing. On the one hand, increased social mobility has contributed to increasingly diverse family structures, including single-parent, voluntarily childless, and geographically separated families. Declining marital stability has weakened young people's desire and confidence to have children; divorce rates have risen year after year, and the average age at childbearing has continued to increase. Between 1990 and 2020, the peak childbearing age among Chinese women shifted from 23 to 27[10]. Data collected by the Shanghai Municipal Health Commission in 2019 further showed that, among couples in which both spouses were marrying for the first time, nearly one-third remained childless five years after marriage[11]. Young people raised under the one-child policy are also more inclined to view childbearing from the perspective of personal independence and self-development. Public attitudes toward family and marriage have changed dramatically, and a social culture that gives individual freedom priority over child-rearing responsibility has become prevalent, creating problems in prevailing attitudes toward childbearing. On the other hand, within only a few decades, China completed an industrial revolution that took Western countries several centuries and rapidly entered the information and new-media age. Social media has amplified anxiety about childbearing and intensified the diversification and polarization of reproductive attitudes. Because childbearing implicates many socially sensitive issues, related disputes can readily develop into online controversies attracting widespread public attention. Content that intensifies gender antagonism or fear of marriage and childbearing can spread rapidly through new media, hindering the dissemination of sound values concerning childbearing and family life and exerting a marked impact on fertility. Failure to correct erroneous gender attitudes may also produce serious social consequences.

### 2.1.2. Developmental Tensions

Modern social development has also produced multiple developmental tensions. Rapidly widening socioeconomic disparities, together with increased rates and expectations of social mobility, have altered the developmental costs of raising children. By heightening perceived child-rearing costs through status anxiety, these structural conditions influence fertility intentions and decisions[12]. Longer average working hours among urban residents significantly reduce local birth rates. The time burden of parenting also lowers the probability of both first and second births[13]. Demographers describe people aged 20 to 34 as the group at the most fertile stage of life, yet that stage substantially overlaps with the principal period of labor-force participation. Under intense social competition and increasingly severe "involution" in the labor market, prospective parents struggle to reconcile career development with childbearing. Neither society's pursuit of economic development nor enterprises' pursuit of maximum labor-utilization efficiency is in itself unreasonable. The conflict between reproductive timing and career development, and that between raising the social fertility rate and pursuing short-term profits, nevertheless constitutes a major bottleneck in building a childbirth-friendly society. The tension is especially pronounced for women. According to the 2025 Survey Report on the Status of Women in the Chinese Workplace, 62.5 percent of female jobseekers were asked about marriage or childbirth, an increase of 13.7 percentage points from the previous year[14]. Some online recruitment notices expressly limit positions to men, and women continue to face substantial barriers to returning to work after childbirth, further weakening their fertility intentions.

### 2.1.3. Cognitive Misperceptions

Fertility declines as socioeconomic development advances; once fertility falls below a certain level, however, it may in turn impede socioeconomic development, creating an apparent paradox[8]. To date, the conditions under which fertility may recover remain far less well understood than the causes of fertility decline. Some scholars deny that the disappearance of the demographic dividend adversely affects economic growth and treat population quality and population size as separate questions. They argue that improvements in worker quality can compensate for quantitative shortages, or dismiss unfavorable warnings on the ground that China's population remains large. Others contend that advances in artificial intelligence will produce complementary or crowding-out substitution effects between technology and labor[15]. Such arguments fail to recognize population's foundational, comprehensive, long-term, and strategic status. The significance of population development for society as a whole has not been fully appreciated. Misunderstanding also persists at the level of law. Article 18 of the Population and Family Planning Law of the People's Republic of China provides that "the State advocates marriage and childbearing at a proper age and good bearing and rearing of children. One couple may have three children."[16] Yet many people continue to interpret this provision as imposing an absolute ceiling of three children. The demographic inertia and reproductive attitudes created by earlier restrictive family-planning policies cannot be reversed quickly[17]. Influenced by the legacy of those policies and the present pluralistic climate of ideas, some localities and officials continue to regard childbearing as an economic burden or assume that technological tools can resolve shortages of human resources. The impetus for building a childbirth-friendly society consequently remains insufficient. Moving from the collection of social maintenance fees to the provision of policy, financial, and material support for childbearing represents a profound transformation of China's family-planning policy and population strategy. Traditional fertility control could rely principally on external environmental constraints; governing low fertility, by contrast, requires incentives that mobilize individuals' endogenous willingness to have children. Incentive-based governance is therefore substantially more difficult to implement than restrictive governance.

## 2.2. Meaning and Components of a Childbirth-Friendly Society

Persistently low and declining fertility creates major risks

and challenges for national socioeconomic development. Population contraction, compounded by population aging, may distort China's age structure, reduce the supply of young workers, cause the country to lose its comparative labor advantage prematurely during modernization, weaken the drivers of economic growth, and generate serious social consequences. At the same time, identifying the principal obstacles to childbearing, the basic components of childbirth-friendliness, and the key elements of fertility support reveals a basic program and several principal levers for raising fertility and building a childbirth-friendly society. Drawing on fertility-related policies and legislation, a review of theoretical scholarship, and field research, this article divides the construction of a childbirth-friendly society into five components, as shown in Figure 1.

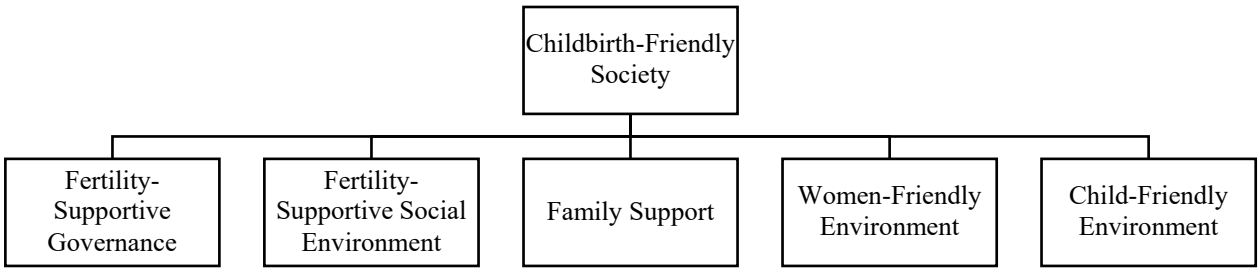


**Figure 1.** A Systemic Framework for Building a Childbirth-Friendly Society

First, fertility-supportive governance is required. Government intervention through fertility policy is important to building a childbirth-friendly society and creating a welfare state with Chinese characteristics; policy inputs and implementation should therefore remain stable and continuous. The government should improve the fairness and inclusiveness of fertility policy and properly balance costs and benefits, goals and target groups, fairness and efficiency, core and supporting measures, and internal and external effects. Stronger implementation, interdepartmental collaboration, and organizational coordination should ultimately produce a broad, diverse, targeted, stable, and sustained fertility-support policy system[18]. The comprehensiveness and accessibility of government services for healthy pregnancy and childbirth are also a basic safeguard and essential infrastructure for a childbirth-friendly society. Second, a fertility-supportive social environment should be assessed through cultural norms, the child-rearing environment, and infrastructure. Problems have emerged in public attitudes toward childbearing, while social media has intensified the diversification and polarization of those attitudes and has had a marked impact on fertility. Low fertility is itself the combined result of broader social problems. As an important instrument for guiding the development of childbirth-friendly cities, urban infrastructure planning must respond to declining numbers of children, improve the urban living environment, and advance the sustainable development of population and cities. Infrastructure should address the concrete needs of prospective parents across three stages—preparation for childbearing, pregnancy and childbirth, and child-rearing—with the objective of creating environments friendly to women and children[19]. Third, family support is required. The family is the basic unit of society; changes in family structure directly affect family relations and functions and, in turn, the overall development of population, the economy, society, and culture[20]. Family support refers to social welfare and protection provided to family members through the family unit, helping families respond to healthcare, financial, and educational challenges in order to promote harmonious family relations and improve family functioning. Supporting families in bearing and raising children through time, financial resources, and services is therefore important. Advanced assisted reproductive technology addresses involuntary infertility, while childbirth-related leave and child allowances reduce, to some extent, the time and financial costs of childbearing and alleviate families' child-rearing burdens.

Most demographers and economists agree that public services centered on improving the welfare of women and children have a significant positive effect on fertility intentions[21]. Both women-friendly and child-friendly environments emphasize healthcare. Health is essential to the comprehensive development of individuals and is a basic condition for socioeconomic development. The quality of public-health services has a significant positive effect on individual reproductive behavior, with more pronounced effects among low-income groups, less-educated groups, and urban residents[22]. The women-friendly component covers healthcare, maternity insurance, and career development. Women directly undergo childbearing, and major studies of reproduction accordingly take women as their subjects. With the arrival of a newborn, women may experience deprivation in health, human capital and employment, time, and spatial mobility. Childbearing may constrain women's basic capabilities and place them in a position of capability deprivation[23]. The protection of women's social welfare is therefore central to building a childbirth-friendly society: it can reduce the costs women bear and alleviate their concerns about childbearing. Maternity insurance helps protect women's basic rights, interests, and welfare during childbirth. Because the physiological demands of pregnancy and childbirth create periods of absence from work, ensuring gender equality in the workplace and supporting the career development of pregnant women and mothers are also crucial; these are important focal points in the construction of childbirth-friendly societies in Europe and the United States. The child-friendly component covers healthcare, childcare services, and education. According to survey data from the National Health Commission, more than one-third of urban

families with children aged zero to three expressly need childcare, whereas the actual enrollment rate was only about 5.5 percent in 2022. The supply gap is substantial, making a public childcare service system essential. A region's long-term developmental potential also depends on the capacity and quality of its educational services. Whether children can receive a good education locally affects family fertility decisions; educational equity and adequate protection can strengthen public willingness to have children.

### 2.3. Why Legal Safeguards Are Necessary

Building a childbirth-friendly society requires a transition from short-term and fragmented incentives to stable and systemic legal safeguards. First, fertility support is fundamentally a mechanism for allocating resources. The content of its rules has major effects on relevant interest groups, and inadequate legal safeguards or poorly designed legal institutions may create risks to people's livelihoods and other adverse consequences. Fertility-support policy is not merely a transfer of money and time; it is a composite issue involving gender equality, social mobility, and public health. The quality of policy design is ultimately most visible among those who are most vulnerable and most in need of policy support. Second, childbearing lies at the boundary between public and private life. The state may improve the conditions for childbearing in pursuit of demographic balance, intergenerational equilibrium, and social sustainability, but it may not convert aggregate birth targets directly into individual reproductive duties. Reproductive decisions implicate human dignity, bodily integrity, marriage and family life, and private choice. The legitimacy of fertility policy should therefore derive principally from the state's positive improvement of healthcare, care services, employment, and social-security conditions, rather than from behavioral control over individual choices. Third, building a childbirth-friendly society entails fiscal transfers of state funds and, under the principles of fiscal constitutionalism and fiscal democracy, requires mandatory legal rules. Maternity allowances, public childcare, medical coverage, tax benefits, and housing support all involve the allocation of public resources and fiscal expenditure and directly affect the distribution of interests across regions, urban and rural residents, forms of employment, and family types. Legislation must therefore specify beneficiaries, minimum standards, funding sources, and implementation procedures. Fourth, adjustments to the relationship among state, social, and family responsibility must be constructed through law. Fertility support crosses administrative departments and levels of government and depends on the joint participation of government, employers, market actors, and social organizations. Only by translating policy goals into relationships of rights, duties, powers, and responsibilities can the system prevent suspended responsibilities, failed measures, and the improper transfer of costs.

Policy flexibility facilitates experimentation, but it also increases the uncertainty and non-standardization of public services. Fertility policy has often been weakly anchored in legal principle, supported by dispersed legal authority, and only belatedly transformed into law. Research on childbirth-friendly societies remains dominated by demography, sociology, and economics, with particular attention to demographic change under the second demographic transition. Legal scholarship has addressed reproductive rights, maternity insurance and leave, women's employment, assisted reproduction, and childcare regulation, but largely as discrete subjects. It has not yet produced an integrated framework encompassing normative foundations, state obligations, the allocation of powers and responsibilities, fiscal guarantees, implementation oversight, and remedies. Practice remains strongly policy-driven: many fertility-support measures appear in opinions, notices, implementation plans, and other sub-statutory normative documents. Policy-first experimentation enables timely local responses, but it can also produce low normative rank, frequent adjustment, territorial variation, and unclear rights and duties. Gaps and mismatches coexist in the current legal framework. Some policy commitments have not been translated into operational legal obligations; beneficiaries, benefit content, and minimum standards remain unclear; responsibilities among central and local authorities, departments, employers, and service providers are poorly coordinated; fiscal powers and expenditure responsibilities are not stably aligned; and oversight and remedies do not reliably convert paper entitlements into actual access. The next section examines these institutional deficiencies in coordination, substantive law, central-local implementation, and enforcement.

## 3. Principal Legal Challenges in Building a Childbirth-Friendly Society

As China attempts to convert high-level policy commitments into a stable, uniform, and enforceable institutional system, four interrelated problems remain: weak coordination and responsibility allocation, inadequate alignment among legal rules, unclear fiscal responsibility, and insufficient local implementation and oversight.

### 3.1. Coordination and Responsibility Allocation Remain Underdeveloped

No single department or policy instrument can govern the construction of a childbirth-friendly society. China's fertility-support system remains at an early stage, and policy integration has not yet generated a coherent institutional whole. Local health commissions generally lead policy formulation and implementation, but relevant authority is distributed across development and reform, finance and taxation, human resources and social security, housing and urban-rural development, health, education, civil affairs, trade unions, and women's federations. Health commissions consequently lack sufficient authority to coordinate, supervise, and evaluate the entire policy field. At the central level, the State Council established the Inter-ministerial Joint Meeting System of the State Council for Optimizing the Birth Policy on July 28, 2022, under the leadership of a leading official of the State Council.[24] Yet the Joint Meeting has not fully exercised its coordinating function, and its legal status, procedural rules, departmental responsibilities, and the effect of its decisions remain insufficiently defined. Without sustained high-level coordination, departments implement isolated measures within their own mandates, producing fragmentation, incompatibility, and enforcement gaps. Some cities have also not established a leadership-responsibility mechanism under which the principal official assumes overall responsibility. The resulting system remains narrow in coverage, ambiguous in responsibility, unclear in its measurable objectives, incomplete in substantive support, and weakly coordinated[18].

Social actors can provide childbirth-related services that are professional, flexible, targeted, and supplementary, and their role should be fully utilized in building a childbirth-friendly society. Yet social actors have responded inadequately to fertility support, while relevant policy incentives remain insufficient. Government, enterprises, and society have not formed effective cooperative relationships. Most policies and regulations encouraging enterprises to participate in fertility protection are general in nature, and enterprises have only limited involvement in formulating standards and rules for childbirth-related services. Social, family, and individual capacities have not been coordinated into an integrated effort. Some fertility policies, for example, prescribe benefits without providing supervisory or implementation safeguards, thereby transferring institutional costs to employers and ultimately to women of childbearing age. Some localities have expanded parental leave and paternity leave in response to central policy, but childbirth-related incentive leave is not connected to maternity insurance. The financing mechanism therefore shifts costs unilaterally to enterprises and provides no mechanism for sharing employers' burdens. Under intense market competition, employers often use covert discrimination to restrict employees' leave, while the conflict women face between childbearing and career development has not received sufficient social attention. In childcare, rules governing admission, standards, pricing, safety, and responsibility for continuous service remain poorly aligned, and incentives and constraints for social providers are inadequate. Expectations of high-quality childcare coexist with uneven service quality, an insufficient existing workforce, slow workforce growth, and serious attrition. The legal relationships and liability rules governing public-private provision also remain underdeveloped. Some services depart from their public orientation during marketization and socialization, creating a risk that public-law responsibilities will be evaded through private-law arrangements. These phenomena reflect not only insufficient supply, but also the absence of binding rules governing rights and duties and cost-sharing among government, employers, service institutions, and families. Rules for government-society cooperation remain incomplete, and exhortatory provisions lack corresponding legal consequences and avenues of redress[25].

## 3.2. Key Legal Institutions Require Further Development

Several core institutions remain internally incomplete. First, the individual income tax system provides limited support to many low- and middle-income households. Because special additional deductions benefit taxpayers only to the extent that they have taxable comprehensive income after the annual RMB 60,000 basic deduction, deductions for social insurance, the housing provident fund, and children's education do little for households with low tax liabilities[26]. Second, maternity allowances remain tied to formal employment and employer participation in maternity insurance. Employees whose employers have not contributed, unemployed women, unmarried mothers, and women who give birth below the statutory marriage age may be excluded; benefit access therefore varies substantially across social groups, regions, and the urban-rural divide. Third, maternity-insurance rules are dispersed across the Social Insurance Law of the People's Republic of China, the Law of the People's Republic of China on the Protection of Rights and Interests of Women, the Population and Family Planning Law, and the Special Provisions on the Labor Protection of Female Employees. Fragmentation impedes systematic coordination. Fourth, the revised Law on the Protection of Rights and Interests of Women uses "female employees" in childbirth-related provisions without clearly defining the covered population. Women in non-standard employment and women outside the labor market depend largely on basic medical insurance, social assistance, and local policy, and the interfaces among these regimes remain weak. Because childbirth is a life event experienced by a substantial proportion of women, state protection and assistance should not be confined to labor and social-security rights. Public-law guarantees should also be grounded in reproductive rights, the right to health, and equality in employment.

Institutional alignment between policy and law is equally deficient. China's construction of a childbirth-friendly society remains policy-led and insufficiently grounded in law: policy initiatives generally precede, and statutory amendment follows. When the Individual Income Tax Law of the People's Republic of China, the Social Insurance Law of the People's Republic of China, the Labor Law of the People's Republic of China, and the Law of the People's Republic of China on the Protection of Rights and Interests of Women were revised, they did not fully anticipate China's transition from restricting childbirth to supporting it. As a result, supporting legislation for many policy measures remains absent. Law has lagged behind the direction of fertility-support policy, while the preferential policies, administrative subsidies, and administrative rewards already announced have insufficient legal coordination, fiscal input, and protective force. For example, the Decision of the CPC Central Committee and the State Council to Improve Birth Policies to Promote the Long-Term Balanced Development of Population states: "In the regions where conditions permit, support shall be given to the launch of the pilot program of parental leave."[27] Localities have expanded childbirth-related leave, paternity leave, and parental leave, but China has not established an effective interface between parental leave and maternity insurance. Under the Social Insurance Law, maternity allowances principally function as wage replacement during statutory maternity leave; additional childbirth-related leave created by local rules often lacks maternity-insurance coverage and is consequently difficult to implement. Legal gaps also persist in assisted reproduction, including in vitro fertilization and embryo thawing, as well as in the protection of unmarried women's reproductive rights and the judicial remedies available for their infringement. Moreover, many fertility-related rules take the form of sub-statutory normative documents. Their limited binding and normative force and low level of coordination make them inadequate for coordinating fertility affairs nationwide; implementation therefore continues to depend on local policy, producing uneven and limited results. The deeper defect is that interests conferred by policy have not been fully transformed into clearly delimited, legally claimable rights, while the corresponding duties and liabilities of administrative authorities, employers, and service providers remain unspecified.

## 3.3. Remedies and Implementation Capacity Remain Weak

All localities have room to improve policy coverage, implementation, and organizational safeguards. Housing

support, childcare services, and protection of women's rights vary in both coverage and implementation, leaving the actual needs of some groups insufficiently addressed. Measures designed to reduce the financial costs of childbearing remain predominantly gap-filling and selective and therefore cannot exert their full effect in encouraging births[28]. Time support is similarly incomplete. The conflict between individuals' reproductive timing and career development, and that between raising the social fertility rate and pursuing short-term profits, constitutes a major bottleneck. Family-friendly workplaces remain experimental; in some regions, childbirth-related incentive leave is not connected to maternity insurance, and both coverage and benefit levels are limited. Most regions have not established clearly defined quotas for fathers' leave, making it more likely that women will face a further imbalance between family and work. Policies protecting women's employment rights have not advanced sufficiently, and the construction and effectiveness of family-friendly workplaces remain limited. Medical-insurance coverage for assisted reproduction and labor pain relief has begun to shift from the threshold question of inclusion to the scope of covered procedures, benefit standards, regional disparities, and sustainable payment. Most cities are inclined to perform mandatory tasks imposed by higher authorities, such as issuing integrated eldercare and childcare plans, but show less initiative or analytical depth when autonomous planning must be based on local population trends, as in formulating population-development plans for their own administrative regions. The mechanism for translating central decisions into local rules and concrete administrative action is therefore incomplete, while procedural safeguards for disclosure under law, implementation evaluation, oversight, and accountability require further strengthening.

The problem is not only one of limited resources and administrative capacity. Statutory duties are often insufficiently specific, minimum service standards are uneven, fiscal responsibilities are unclear, and remedies are inadequate[29]. Remedies should not be treated as an ancillary component of fertility policy; they are the principal test of whether policy-based interests have become legal rights. Without an accessible procedure, an identifiable duty-bearer, and an enforceable consequence, an asserted entitlement remains dependent on administrative goodwill and local fiscal capacity. Reproductive interests encompass bodily autonomy, equality at work, social security, and public services, and violations may be committed by public authorities, employers, medical institutions, or childcare providers. Existing avenues are dispersed across labor inspection, labor arbitration, administrative reconsideration, administrative litigation, and civil litigation. This fragmentation can obscure the legal basis of claims, encourage institutional buck-passing, increase evidentiary burdens, and raise the cost of enforcement. In disputes involving denied maternity allowances, ineffective statutory leave, covert pregnancy discrimination, or unequal access to essential services, a remedy that offers only informal coordination—rather than cessation of the violation, restoration of benefits, and compensation—allows the right to disappear within the procedure intended to protect it.

# 4. Strengthening Legal Safeguards for a Childbirth-Friendly Society

Reform should connect rights protection with legally defined responsibility. It should strengthen interdepartmental coordination, clarify the duties and fiscal responsibilities of multiple actors, improve fertility-support legislation and basic services, and create an integrated framework for oversight, evaluation, accountability, and remedies. The objective is to convert time-limited policy arrangements into a stable, uniform, and enforceable institutional system.

## 4.1. Institutionalize Coordination Across Government

First, China should foster broader recognition that population is a foundational resource for development and that childbearing contributes to social sustainability that population is a fundamental form of wealth and childbearing a driver of development. The Party and society as a whole should attach great importance to the issue, unify their understanding, build consensus, mobilize their combined resources, and substantially increase fiscal investment in fertility support. China should coordinate the construction of a childbirth-friendly society through law, remove conceptual, institutional, strategic, policy, and legal constraints on the long-term balanced development of the population, and respond comprehensively to the risks and challenges of the lowest-low-fertility trap. Second, China should establish a national coordinating mechanism for fertility support. A Central Commission on Population and Family Development, supported by a corresponding administrative office, could integrate functions now dispersed across education, civil affairs, taxation and finance, human resources and social security, health, trade unions, and women's federations, place population development at the center of its mandate, and provide stronger high-level leadership. China should also study the formulation of a dedicated Proposed Law on Population and Fertility Service Safeguards to coordinate existing legislation and policies, provide legal protection for achieving an appropriate fertility level, and promote the long-term balanced development of the population. Third, China should establish a childbirth-friendliness assessment mechanism for public policy. Strategic planning should include a plan for the fertility-support policy system and improvements to relevant laws and regulations. Fertility support should be incorporated into the development plans of localities and relevant departments and should serve as an indicator for evaluating the effectiveness of their work[26]. Where conditions permit, health authorities should convene expert review before public policies are adopted to assess their implications for childbearing and avoid measures detrimental to fertility. Relevant laws and regulations should also be improved promptly to support and encourage childbirth-friendly policies. Fourth, local-government responsibility mechanisms should be improved so that principal officials exercise overall coordination and relevant departments assume allocated responsibilities. Stronger organizational and unified leadership should ensure strict implementation of higher-level decisions on optimizing fertility policy. Evaluation and target-management mechanisms should ensure that responsibility, measures, investment, and implementation are all in place. Under an overall plan, local departments should identify responsible actors, strengthen coordination, perform their respective functions, and create policy linkages across the entire chain. The National Bureau of Statistics and local statistical bureaus should use statistical and social surveys and multiple data sources to examine population, labor, and social development

periodically and track the effects of fertility policy, including its comprehensiveness, inclusiveness, and fairness. The basic procedures for deliberative coordination, planning, policy assessment, and interdepartmental collaboration should be institutionalized, with the lead department, duties of cooperation, processing deadlines, and accountability mechanisms clearly specified, so that coordination does not remain an ad hoc policy arrangement[29].

## 4.2. Clarify Institutional Responsibilities and Establish Fiscal Guarantees

First, legislation should allocate fiscal powers and expenditure responsibilities between the central and local governments. Basic maternity-insurance benefits and national minimum standards for inclusive childcare should be treated as shared fiscal responsibilities, with the central government setting baseline standards, cost-sharing ratios, and adjustment mechanisms. Local governments may be responsible for facilities, project delivery, and benefits above the national floor. Expenditure responsibility should correspond to both assigned powers and administrative capacity and should account for local fiscal resources, population size, the number of infants and young children, and service costs. Shared-responsibility and equalization transfers should link funding to minimum-standard compliance and regional disparities. This vertical structure would allow the center to set and co-finance national standards while local governments implement programs and finance enhancements, avoiding the devolution of responsibilities without corresponding resources. Second, the costs of childbirth should be reasonably shared among the state, employers, and individuals. The system should distinguish statutory maternity leave, childbirth-related incentive leave, paternity leave, and parental leave and specify responsibility for wage replacement, social-insurance contributions, and temporary replacement labor. Leave that advances a public interest should be more fully socialized through maternity insurance, fiscal subsidies, or a dedicated fund, with social-insurance subsidies, tax support, or replacement-cost compensation for small and medium-sized enterprises. Such arrangements would reconcile reproductive entitlements, employment equality, and fiscal sustainability. Third, fiscal support should become a legally defined and stable obligation. Child allowances, maternity insurance, service provision, facilities, and staffing should be incorporated into regular budgets. Each major policy should identify the responsible authority, beneficiaries, funding source, implementation steps, deadline, supervision mechanism, and evaluation indicators. Budgetary appropriations, internal administrative oversight, and rights-based constraints on allocation should prevent the familiar outcome of benefits announced in policy but unavailable in practice. Beyond direct cash or in-kind transfers, government should invest in institutional public goods that reduce the structural costs of care.

## 4.3. Improve Fertility-Support Legislation and Basic Services

Improvements to fertility-related institutions and services should be guided by the protection of basic rights and the principle that benefit administration must have a statutory basis. Beneficiaries, benefit standards, funding sources, application procedures, and supervision should progressively be placed on a standardized legal footing. First, institutional development should improve maternity insurance and explore a maternity-protection mechanism covering a broader range of workers and residents. For new benefits extended to groups outside standard employment, reasonable financing arrangements combining fiscal resources and contributions by employers and individuals may be studied on the basis of actuarial assessment; responsibility for essential childbirth-related public services should remain primarily with government. Effective government expenditure on maternity insurance should gradually increase, and transfer-payment policy should be used to improve childbirth subsidies[30]. The childbirth-related leave system should also be improved. At the normative level, gender equality should guide a more balanced distribution of family responsibilities between women and men and a reasonable allocation of leave costs among enterprises, the state, and society. At the implementation level, the system should be reshaped by protecting men's leave rights, permitting flexible leave arrangements, and designing appropriate leave lengths, with corresponding improvements to maternity insurance and fiscal and tax support, so as to maintain a dynamic balance between reproductive and labor rights[31]. Reproductive-health services should be improved by actively yet prudently encouraging research and development in assisted reproductive technology and strengthening infertility prevention and treatment. Building on existing medical-insurance coverage, reform should refine the catalog of appropriate labor-pain-relief and assisted-reproduction services, payment standards, and interregional coordination of benefits. Within an ethical, safety, and anti-discrimination framework, access rules for unmarried women seeking oocyte cryopreservation and related assisted reproductive services should also be studied, thereby protecting reproductive autonomy and equal access under law. Individual income taxation should likewise be improved. Reform of the tax unit could adopt an integrated "individual plus family" approach, use the married couple as the basic tax unit, and adopt the spousal income-splitting method, under which tax is calculated on half of the spouses' combined taxable income and the resulting amount is doubled[32]. Second, the service system should give particular attention to cultivating child-friendly and women-friendly social environments and effectively addressing the difficulties families encounter in childbearing. On the one hand, protection of women's rights should be strengthened. Tax incentives or direct financial subsidies may encourage enterprises to offer women more flexible working conditions after childbirth, retain their positions, and provide dedicated promotion pathways, thereby reducing impediments to their career development[13]. Policies should be formulated to increase paternal involvement in child-rearing[33], build socialized and market-based care systems, reduce women's unpaid-care burden, and advance family-friendly workplaces[34]. On the other hand, the child-welfare system should move from encouraging births to supporting child-rearing and should strengthen a citizenship-based child-welfare system oriented toward a child-investment state[35]. Public services ensuring childcare for young children should be improved so that part of the family's child-rearing costs can be externalized[36]. Reform should improve top-level design, diversify childcare supply, build a professional childcare workforce, and increase policy transparency[25]. It should expand and improve inclusive childcare resources; strengthen workforce development and support; use curricula to guide and standardize childcare institutions; and strengthen quality

management, supervision, and evaluation. Basic service standards should be made uniform across childcare, assisted reproduction, and maternity insurance, with improved rules on filing and admission, quality supervision, information disclosure, complaint handling, and accountability. These measures would progressively transform fertility support from policy benefits into stable and accessible institutional guarantees[37].

### 4.4. Strengthen Remedies and Foster a Childbirth-Friendly Legal Environment

First, China should establish an integrated system of implementation oversight, evaluation, and remedies, guided by accessible entry, substantive review, and effective relief. A unified intake and coordinated referral mechanism should identify the competent authority, legal basis of the claim, and the appropriate route through arbitration, administrative reconsideration, or litigation. Fair allocation of evidentiary burdens, administrative investigation, and eligible public-interest litigation could reduce the disadvantages faced by individual claimants. Available relief should include cessation of the violation, retroactive payment of benefits, reinstatement, damages, and institutional accountability. Specific rules should define the responsible actor, processing deadline, budget, service standard, disclosure duty, and evaluation indicator. Periodic assessments of childbirth-friendliness should be published, and complaint, arbitration, reconsideration, and litigation channels should address denied allowances or leave, employment discrimination, and violations in childcare or medical services. Liability should be proportionate to the harm and sufficient to deter noncompliance. Second, the state should foster a childbirth-friendly social environment through voluntary, equal, and rights-respecting public communication rather than moral discipline. Public communication may promote values of care, responsibility, and autonomous choice while taking account of security, economic conditions, and cultural practices[38]. Media and mass organizations should communicate respect for reproductive choice, gender equality, and shared family responsibility, and should avoid simplistic pronatalist messaging or stigma directed at childlessness, unmarried people, or particular family forms. Population goals should not be converted into individual reproductive duties. Universal services and fair cost-sharing should instead reconcile personal liberty with social sustainability[39]. Third, law and policy should address the needs of unmarried people. Public authorities should provide sexuality and reproductive-health education, prevention of unintended pregnancy, and appropriate support services; remove slogans, village rules, and community norms inconsistent with current law and rights protection; and address reproductive discrimination at work, marriage- and childbirth-related stigma online, and violations of the rights of women and children. Legal institutions and public communication should also recognize the social value of childbirth and unpaid care, encourage all family members to share caregiving, and use labor protection, public services, and remedies to support diverse lawful choices concerning marriage and childbearing.

## 5. Conclusion

Building a childbirth-friendly society is not simply a matter of encouraging a higher birth rate. It is a long-term legal and institutional undertaking that must address the structural conditions shaping reproductive decisions while respecting reproductive autonomy, human dignity, and gender equality. This article has argued that the state may legitimately improve the conditions for childbearing in response to demographic change, but it should not translate aggregate population goals into individual reproductive duties. The legal foundation of a childbirth-friendly society must therefore lie in enforceable rights, clearly defined public responsibilities, equitable cost-sharing, and accessible public services, rather than in short-term incentives or behavioral direction.

China has established the initial framework of a fertility-support system, but the transition from policy commitment to legal guarantee remains incomplete. Coordination across departments and levels of government is insufficiently institutionalized; the rules governing maternity insurance, childbirth-related leave, childcare services, assisted reproduction, and employment protection remain fragmented; fiscal powers, expenditure responsibilities, and the respective obligations of government, employers, service providers, families, and individuals are not yet clearly aligned; and implementation oversight and remedies remain too weak to ensure that policy-based interests become rights that can be effectively claimed. These problems are interrelated. Fragmented rules weaken coordination, unclear fiscal responsibility impairs implementation, and inadequate remedies allow statutory or policy commitments to remain unavailable in practice.

Reform should accordingly proceed along four mutually reinforcing lines. China should institutionalize high-level coordination and childbirth-friendliness assessment; strengthen the legal framework governing maternity protection, childbirth-related leave, childcare, reproductive healthcare, and equal employment; allocate fiscal powers and expenditure responsibilities between the central and local governments while distributing the social costs of childbearing more fairly among the state, employers, and individuals; and establish an integrated system of disclosure, evaluation, accountability, complaint handling, administrative and judicial review, and effective relief. The central task is to convert temporary and territorially uneven policy arrangements into stable, predictable, and enforceable institutional guarantees. Only a rights-based framework that combines reproductive freedom with substantive support, and national minimum standards with locally responsive implementation, can provide a durable legal foundation for a childbirth-friendly society.

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