

The total fertility rate in Japan is 1.42 in 2014 according to statistics of the Ministry of Internal Affairs and Communications in 2014. Although it decreased by 0.01 point from the previous year, it is generally in a recovery trend after recording the lowest value of 1.26 in 2005. However, there is no doubt that it is still at a low level. As measures against declining birthrate are urgently required, infertility therapy has come to be noticed since the century. In 2004, the Ministry of Health, Labor and Welfare launched a subsidy project for infertility treatment fees under the name "Specific treatment support project for people who suffer from infertility". Although the project implementation entity is a prefecture, a designated ordinance designated city, and a core city all over the country, other municipalities are expected to have effects as measures against declining birthrate, or respond to the expectations of the inhabitants, Were implemented one after another. The number of people receiving infertility treatment is increasing year by year. According to data on the number of treatment cycles by year at the Japanese Association of Obstetrics and Gynecology, the number of treatment cycles exceeded 50,000 in 1997 and exceeded 100,000 in 2003. And in 2009 it has exceeded 200 thousand, in 2012 it has exceeded 300 thousand. Because this is the number of in vitro fertilization and microsupsination, there will be more people who are receiving infertility treatment in a broader sense. As the number of people receiving infertility therapy increases in this way, the number of children born by it continues to increase. In 2013, 42,554 children were born by assisted reproductive technology (abbreviated as ART) such as in vitro fertilization and micro-insemination, one in about 24 people born in that year was born by ART It becomes calculation. The total number of children born by ART in Japan is 384,304. Based on the historical background as described above, in this study, we set up a research question that "existence of infertility treatment subsidized project has the effect of raising birthrate". The hypotheses that we want to derive are the following three points. The first point is that the presence of infertility treatment subsidized projects has the effect of raising the birthrate. The second point is that there are few constraints such as income restrictions, and the easier it is for a couple who wishes to use, the higher the utilization rate of the project is. The third point is that the higher the fiscal situation and the better the child-rearing environment, the higher the probability that the project is being implemented. The structure of this research is as follows.