Average number of children; age at childbirth; and childlessness

Key points

- Globally, the mean age at childbearing went up slightly between 1995 and 2020, from age 27.5 to 28.1: women have children at relatively young ages in Latin America and the Caribbean (27.3 years) and Central and Southern Asia (27.5 years); women have children at relatively more advanced ages in Australia and New Zealand (30.8 years).

- Globally, the average number of children born per woman declined slightly from 2.8 in the period 1995—2000 to 2.5 during the period 2015—2020 and most regions experienced a decline over the period.–

- The sharpest decline in the average number of children born per woman was observed in sub-Saharan Africa (from 5.9 to 4.7 children per woman), while a slight increase was observed in Europe and Northern America (reaching the lowest observed average of 1.7 children).–

- The use of contraception among women of reproductive age is most prevalent in Eastern and South-Eastern Asia (60%) and Australia and New Zealand (58%) and lowest in sub-Saharan Africa (29%) and Oceania (excluding Australia and New Zealand) (28%).–

- Childlessness is highest in Australia and New Zealand (14.4%) and in Europe and Northern America (12.2%) and lowest in sub-Saharan Africa (8.1%) and Central and Southern Asia (5.6%). The prevalence of childlessness has increased in the past two decades, particularly in sub-Saharan Africa (47% increase) and Australia and New Zealand (46% increase).

Mean age at childbirth

The Beijing Platform for Action, adopted at the Fourth World Conference on Women in 1995, recognized the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.–How many children and when to have them are decisions that have implications on many facets of women's and men's lives.–

In order to ensure the desired family size, women and men often use contraception, either to space or limit the number of children. To understand the implications of these factors from the point of view of societal change, it is important to examine both the mean age at childbearing, which provides useful information about the timing of births by age of the mother, and the determinants of childlessness, given the link between fertility to population growth

The–mean age–of–childbearing–is of significance because of its effect–on–the–growth rate of the–population, which has–important–implications for the size of future populations.[2] The time between one generation and the next is directly affected by the–ages–at which women bear children, including the distribution of births across the reproductive–age–span.

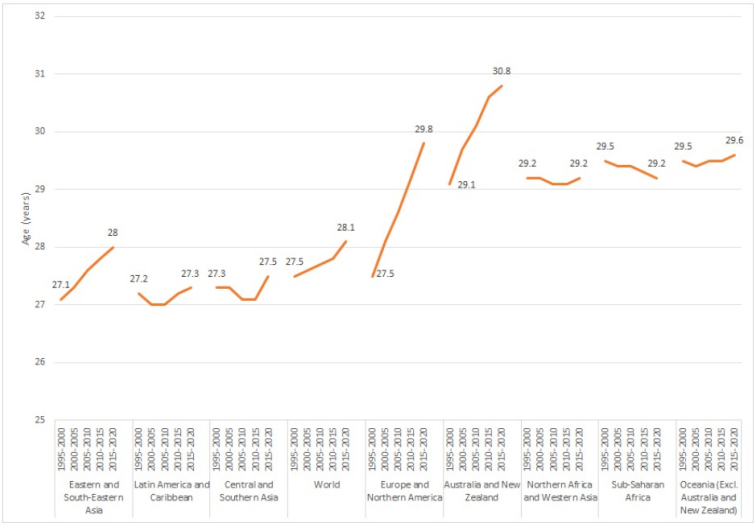
Substantial differences among regions in the mean age at childbirth

Globally, during the period 1995—2020, the mean age at childbearing went up slightly, from age 27.5 to 28.1 (see figure I). The rise in the mean age, often described as fertility postponement, is primarily due to a progressively later start to childbearing.[3]

There are regional differences in both levels and trends of the mean age at childbearing. The pattern in both Central and Southern Asia and Latin America and the Caribbean has followed a similar trend (a U shape), and these two regions have the=lowest mean age at birth (age 27). In sub-Saharan Africa, Northern Africa and Western Asia and Oceania (excluding Australia and New Zealand), the mean age has been fairly constant, at around age 29. The mean age at childbearing is highest– in Australia and New Zealand and Europe and Northern America, and it has increased noticeably in both regions in 2020 (to age 30.8 and age 29.8, respectively).–

The observed upswing in the mean age at childbearing is likely due to women postponing the timing of their first births coupled with a reduction in the total number of births per women due to fertility control through the use of contraception. This increase in the mean age reduces the age span within which women are having their children, thereby leading to a reduction in the total number of births per woman. Data on total fertility rates over time (see figure II) show a general downward trend over the past three decades during which time the mean age at childbearing has increased.–

Figure I: Female mean age at childbearing by region: 1995—2000, 2000—2010 and 2015—2020



Source: Based on data from United Nations Department of Economic and Social Affairs (UNDESA), Population Division, World Population Prospects 2019, online edition (accessed on 26 June 2020) (https://population.un.org/wpp/).

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Average number of children born per woman (total fertility rate)

The timing of the first birth and the total number of children a person might have is dependent on age at marriage–or entry into a union, education and employment opportunities, gender roles and expectations, access to family planning and the social and economic context in which the parents live.

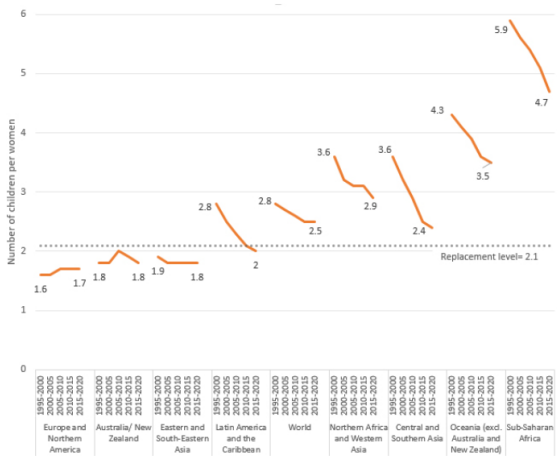
Women are having fewer children over the childbearing years

Globally, the average number of children born per woman declined slightly from 2.8 during the period 1995—2000 to 2.5 during the period 2015—2020 (see figure II). Most geographical regions show a decline in birth rates, but with marked differences. In general, regions with high fertility have experienced a sharper decline in fertility than in those with lower levels of fertility.

Sub-Saharan Africa (from 5.9 to 4.7) and Central and Southern Asia (from 3.6 to 2.4) show the sharpest decline in the average number of children born per woman during this period. On the other hand, regions with low fertility levels (below 2 children per woman, on average), such–as Europe and Northern America, Australia and New Zealand and Eastern and South-Eastern Asia, show minimal changes over the same time period. In fact, data show that there has been a slight increase in the average number of children born per woman since the mid-1990s in some European countries,[4] including Belarus, Germany and the Russian Federation.[5] The pattern of increasing fertility in recent years has also been observed in Australia and New Zealand, and to some extent in: China, Hong Kong Special Administrative Region; Japan; and Mongolia. It should be borne in mind, however, that in most of these countries, fertility levels, even with the slight increase, have remained below the replacement level of 2.1 children per woman.

Trends in the average number of children born per woman should be considered in conjunction with trends in the mean age at birth as well as the use of contraception, as both factors influence the lifetime fertility of women. Analysis of the mean age at childbearing shows an upward trend in the period since the mid-1990s, resulting in a shorter span of childbearing. Concomitantly, available information on country experiences (see figure III) shows an inverse relationship between contraceptive use and levels of fertility.

Figure II: Average number of children per woman, by geographical region: 1995—2000, 2005—2010, and 2015—2020



Source: Based on data from UNDESA, Population Division, World Population Prospects 2019, online edition (accessed on 26 June 2020) (https://population.un.org/wpp/).

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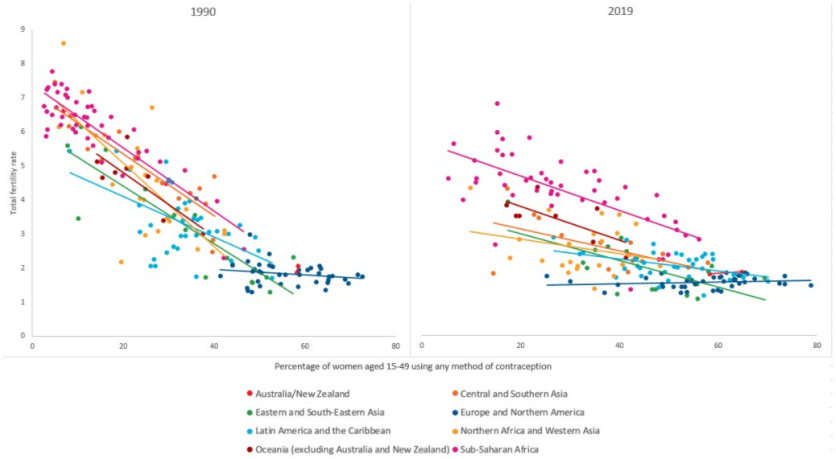
Use of contraception

A major contributor to the observed changes in levels of fertility is the use of contraception. The availability and use of contraception contribute to the ability of women and men to decide freely on the number, timing and spacing of their children. There is a strong inverse relationship between contraceptive use and the level of fertility, represented by the total fertility rate (see figure III) over the past three decades. With the increase in the use of contraception, fertility levels have fallen in all regions in the period 1990—2019.[6] In general, regions with lower levels of fertility have higher proportions of women that are using contraception.

The observed decline in births in high fertility regions (sub-Saharan Africa and Central and Southern Asia) attests to the link between the increased use of contraception and observed changes in levels of fertility. The observed variations and spread among countries in sub-Saharan Africa, Oceania (excluding Australia and New Zealand) and Central and Southern Asia help to explain why, in spite of the decline in births, levels of fertility are still higher there than in other regions. In the case of sub-Saharan Africa, the persistently higher levels of fertility compared to observed levels of contraceptive use may be partly due to the fact that many family planning programmes in the region are promoted as birth-spacing programmes.[7]

Figure III: Total fertility rate compared to prevalence of contraceptive use among women aged 15—49 by region: 1990 and 2019



Source: Prepared by UNDESA, Population Division (correspondence with the Population Division on 25 June 2020)

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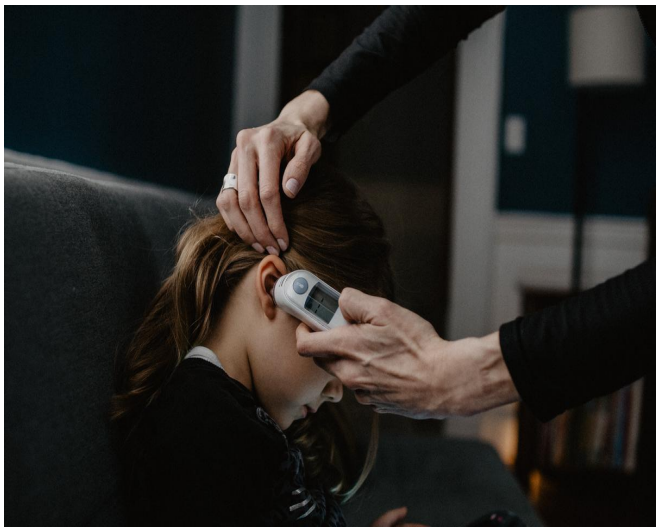
The COVID-19 crisis could leave significant numbers of women and couples without access to essential sexual and reproductive health care. Globally, it had been estimated that 77% of women of reproductive age (15—49 years) would have their needs for family planning met with the–use of modern contraceptive methods in 2020. However, considering the potential impact of COVID-19 on method-specific use, this could fall to 71%, resulting in around 60 million fewer users of modern contraception worldwide in 2020 if these disruptions last for a whole year. Overall declines in contraceptive use will depend on the methods used by women and their partners and on the types of disruptions experienced in individual countries. Countries should include family planning and reproductive health services in their essential services planning and should develop strategies to ensure that women and couples are able to exercise their reproductive rights during the COVID-19 crisis.[8]



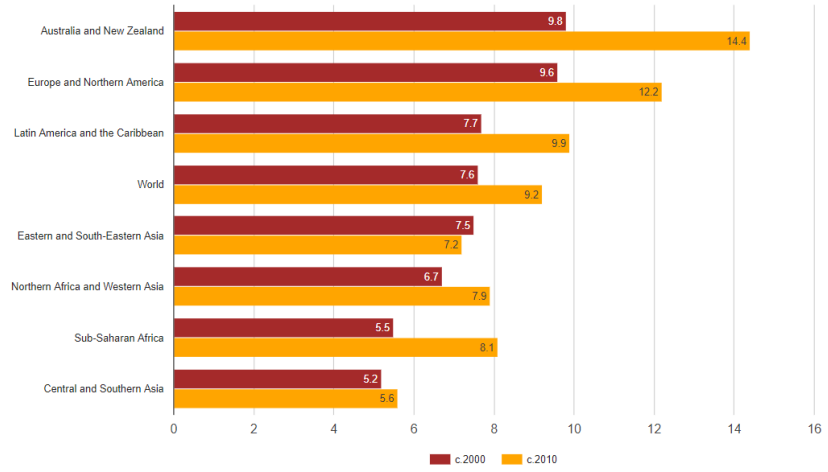
Childlessness among women aged 45—49

For a variety of reasons, some women never have children. While for some women childlessness is voluntary, for others it is not, and the lack of offspring may be a cause of emotional distress to them and to their families. In other cases, research shows that childlessness may be linked women's level of education and employment opportunities. This is because highly educated women may postpone childbearing to later ages because of real or perceived obstacles to balancing work life and childrearing or not finding a partner.[9] This perpetual postponement may result in not having any children at all.–

Childlessness on the increase

The prevalence of childlessness has increased in the past few decades (see figure IV). Globally, the proportion of childless women aged 45—49 increased from 7.6% to 9.2% over the last two decades. Europe and Northern America and Australia and New Zealand have much higher proportions of childlessness than other regions. All major geographical regions, except Eastern and South-East Asia, which recorded almost no change, show an increase in the incidence of childlessness over this time period. Proportionately, the increase in childlessness has been highest in sub-Saharan Africa, where the proportion jumped from 5.5% to 8.1% over the last two decades (a 47% increase), and in Australia and New Zealand where the percentage of childless women is over 14 % according to most recent data (a 46% increase compared to two decades ago). Other regions with substantial increases in childlessness over the past two decades include Europe and Northern America, where the increase was from 9.6% to 12.2% (a 27% increase), and Latin America and the Caribbean, which showed an increase in childlessness from 7.7% to 9.9% (a 29% increase). There was a smaller increase, however, in the Central and Southern Asia region, from 5.2% to 5.6% (an 8% increase).

Figure IV: Proportion of childless women aged 45—49, by geographical region: c.2000 and c.2010 (latest available) (Percentage)



Source: UNDESA, Statistics Division, UNdata (http://data.un.org/Data.aspx?d=POP&f=tableCode:40) (accessed on 12 May 2020).

Note: Unweighted averages

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There are very wide variations among countries in definitive childlessness, that is, among women who have reached the end of the reproductive period. Data on countries with the lowest (below 5%) and highest (above 10%) proportions of childlessness over the last two decades show that, generally (see figure V), Australia and New Zealand and countries in Europe and Northern America have much higher proportions of childlessness than other regions. Countries in sub-Saharan Africa and in Northern Africa and Western Asia have the lowest proportion of women without children (below 5%), although childlessness is growing at a fast pace in sub-Saharan Africa (see figure IV).

Around 2000, there were 15 countries with over 10% of women aged 45—49 without children. More than half of those countries and territories were in Europe and Northern America: Austria, Bermuda, Finland, Greece, Luxembourg, Malta, Montenegro and Romania. Countries and territories with high proportions of childless women in other regions in 2000 included Nepal (Southern Asia) and the Philippines (South-Eastern Asia), both with 11%; Azerbaijan (Western Asia) with 13%; and Aruba (Caribbean) with 15%.

Figure V: Countries and territories with highest proportions of childless women aged 45—49 years: c.2000 and c.2010 (latest available) (Percentage)

Source: UNDESA, Statistics Division, UNdata (http://data.un.org/Data.aspx?d=POP&f=tableCode:40) (accessed on 12 May 2020).

In 2019, two decades later, the list of countries with at least 10% of childlessness has grown to 24 countries and territories, most of which are in Europe and Northern America, with the highest rates of childlessness in Bermuda, Croatia, Finland, France, Greece, Ireland, Malta, Romania, Serbia and Spain. Countries and territories with high proportions of childless women in other regions include Venezuela (Bolivarian Republic of) and Brazil (South America), both at around 12%, the Bahamas (Caribbean),the Cook Islands and Palau (Oceania, excluding Australia and New Zealand), all with around 13%.

The observed rates of childlessness and changes over time are a reflection of how changes in social norms coupled with the availability of modern methods of contraception and family planning have worked together to de-link sex from biological reproduction.[11] As a result, women have greater control over their own sexuality and and reproduction with far-reaching implications for their health and their capacity to control the most intimate decisions that affect their lives. It should be noted that, in societies where women are expected to marry and have children, preferably at a young age, and where childbearing is highly valued, being childless may be shunned and may be far from being voluntary.[12]

About the data

Definitions

- Female mean age at childbearing: Mean (average) age of mothers at the birth of their children if women were subject throughout their lives to the age-specific fertility rates observed in a given year.[13]

- Total fertility rate: mean (average) number of children a woman would have by age 50 if she survived to age 50 and was subject, throughout her life, to the age-specific fertility rates observed in a given year. The total fertility is expressed as the number of children per woman.[14]

- Childlessness is measured as the proportion of women aged 45—49 who have never had a child. Childlessness may be intentional or not.

- Contraceptive use: percentage of women aged 15—49 who report that they themselves or their partners are currently using at least one contraceptive method of any type.[15]

Coverage

Estimates of the total fertility rate are calculated for women aged 15—49. The mean age at childbearing is calculated for women of childbearing ages (conventionally aged 15—49). The analysis of childlessness covers the female population aged 45—49. The information is presented for countries worldwide and by regional groupings under the Sustainable Development Goals (SDGs) indicators framework.[16]

Footnotes

1. United Nations, Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995 (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II, para. 94.

2. UNDESA, Population Division, 2019: "Potential impact of later childbearing on future population", Population Facts, No. 2019/5, December 2019 (https://www.un.org/development/desa/pd/content/potential-impact-later-childbearing-future-population).

3. Neels, K., Murphy, M., Ni Bhrolchain, M. and Beaujouan, E., "Rising Educational Participation and the Trend to Later Childbearing", Population and Development Review, vol. 43 (4), December 2017.

4. UNDESA, Population Division, World Fertility and Family Planning 2020: Highlights, New York, 2020.

5. UNDESA, Population Division, World Population Prospects 2019, online edition (accessed on 26 June 2020).

6. UNDESA, Population Division, World Fertility and Family Planning 2020: Highlights, New York, 2020.

7. Ibid.

8. Dasgupta, A., Kantorová, V. and Ueffing, P., "The impact of the COVID-19 crisis on meeting needs for family planning: a global scenario by contraceptive methods used", Gates Open Research, Coronavirus (COVID-19) Collection, July 2020.

9. Organization for Economic Cooperation and Development (OECD), Doing Better for Families, OECD Publishing, Paris, 2011.

10. OECD, Social Policy Division, Directorate of Employment, Labour and Social Affairs, Childlessness (accessed on 12 May 2020).

11. United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), World's Women 2019—2020: Families in a Changing World, New York, 2019.

12. Tabong, P.T. and Adongo, P.B., "Infertility and childlessness: a qualitative study of the experiences of infertile couples in Northern Ghana", BMC Pregnancy & Childbirth, vol. 13, March 2013.

13. United Nations Department of Economic and Social Affairs (UNDESA), World Population Prospect 2019, Glossary of Demographic Terms.

14. UNDESA, Population Division, World Fertility Data 2019.

15. UNDESA, Population Division, World Fertility and Family Planning 2020: Highlights, New York, 2020.

16. Regional groupings under Sustainable Development Goals (SDGs) indicators framework.