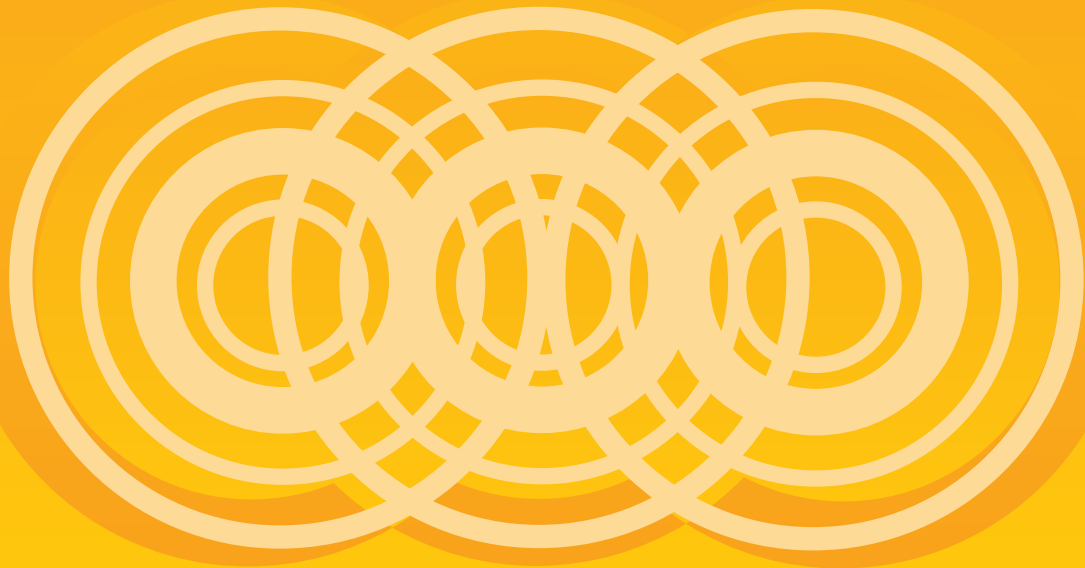


# World Fertility Report 2007



United Nations

# World Fertility Report: 2007



United Nations



**Department of Economic and Social Affairs**  
Population Division

# **World Fertility Report: 2007**



United Nations  
New York, 2010



# DESA

The Department of Economic and Social Affairs of the United Nations Secretariat is a vital interface between global policies in the economic, social and environmental spheres and national action. The Department works in three main interlinked areas: (i) it compiles, generates and analyses a wide range of economic, social and environmental data and information on which States Members of the United Nations draw to review common problems and take stock of policy options; (ii) it facilitates the negotiations of Member States in many intergovernmental bodies on joint courses of action to address ongoing or emerging global challenges; and (iii) it advises interested Governments on the ways and means of translating policy frameworks developed in United Nations conferences and summits into programmes at the country level and, through technical assistance, helps build national capacities.

## Note

The designations employed in this report and the material presented in it do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The designations "more developed" and "less developed" regions and "developed", "developing", and "least developed" countries or areas are intended for statistical convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process.

The term "country" as used in the text of this report also refers, as appropriate, to territories or areas.

This publication has been issued without formal editing.

ST/ESA/SER.A/280  
ISBN 978-92-1-151473-5

UNITED NATIONS PUBLICATION  
Sales No. E.10.XIII.8  
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## PREFACE

The Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat is responsible for providing the international community with up-to-date and scientifically objective information on population and development. According to its mandate, the Population Division provides guidance to the United Nations General Assembly, the Economic and Social Council and the Commission on Population and Development on population and development issues and undertakes regular studies on population levels and trends, population estimates and projections, population policies, and population and development interrelationships.

The Population Division conducts research in the following substantive areas: the study of patterns of fertility, mortality, and international and internal migration, including their levels, trends and differentials as well as their causes and consequences; the analysis of age and parity patterns of fertility, and its proximate determinants, such as marriage and contraceptive use; estimates and projections of population size, distribution, and age and sex structure; the documentation and analysis of population policies at the national and international levels; and the study of the relationship between socio-economic development and population change. The publications of the Population Division are used by Governments, national and international organizations, research institutions and individuals engaged in social and economic planning, research and training, as well as by the general public.

This report is the second in the series of *World Fertility Reports* and it provides the factual basis for the analysis of reproductive behaviour worldwide. It discusses levels and trends of fertility, the timing of childbearing, marriage, contraceptive use and national policies with respect to fertility and childbearing for 192 countries. The data presented are obtained from civil registration statistics, population censuses and nationally representative sample surveys. Information on national policies is obtained mainly from the responses of Governments to periodic United Nations inquiries and official sources of information on government policies and programmes. The report comes with a CD-ROM that contains a comprehensive set of indicators on fertility, nuptiality, contraceptive use and national policies related to childbearing for 192 countries.

The Population Division gratefully acknowledges the assistance and cooperation of the Statistics Division of the Department of Economic and Social Affairs of the United Nations Secretariat, the Council of Europe, and the Demographic and Health Surveys in providing a large part of the data used in this report.

This report as well as other population information may be accessed on the Population Division's website at [www.unpopulation.org](http://www.unpopulation.org). For further information concerning this publication, please contact the office of the Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, 10017, USA, telephone (212) 963-3179, fax (212) 963-2147.





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## EXPLANATORY NOTES

### The following symbols have been used in the tables throughout this report:

- Two dots (..) indicate that data are not available or are not reported separately.
- A hyphen (-) indicates that the item is not applicable.
- A minus sign (-) before a figure indicates a decrease.
- A full stop (.) is used to indicate decimals.
- Use of a hyphen (-) between years, for example, 1995-2000, signifies the full period involved.

Numbers and percentages in tables do not necessarily add to totals because of rounding.

### References to countries, territories and areas:

The designations employed and the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

The designation “more developed” and “less developed” regions are intended for statistical convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process. The term “country” as used in this publication also refers, as appropriate, to territories or areas.

More developed regions comprise all regions of Europe plus Northern America, Australia/New Zealand and Japan. The term “developed countries” is used to designate countries in the more developed regions.

Less developed regions comprise all regions of Africa, Asia (excluding Japan) and Latin America and the Caribbean, as well as Melanesia, Micronesia and Polynesia. In this publication, countries and areas of the less developed regions are divided into two groups: least developed countries and developing countries.

The group of least developed countries comprises 50 countries: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People’s Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia.

The term “developing countries” is used to designate countries in the less developed regions excluding the least developed countries.

The designation sub-Saharan Africa is commonly used to indicate all of Africa except northern Africa, with the Sudan included in sub-Saharan Africa.

Countries and areas are grouped geographically into six major areas: Africa; Asia; Europe; Latin America and the Caribbean; Northern America; and Oceania. These major areas are further divided into 21 geographical regions.

Names and compositions of geographical areas follow those of “Standard country or area codes for statistical use” (ST/ESA/STAT/SER.M/49/Rev.3), available at <http://unstats.un.org/unsd/methods/m49/m49.htm>.

**The following abbreviations have been used:**

AHS	Arab-Gulf Family and Child Health Survey
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
CPS	Contraceptive Prevalence Survey
DHS	Demographic and Health Survey
EUROSTAT	Statistical Office of the European Communities
FFS	Fertility and Family Survey
FHS	Family Health Survey
KAP	Survey of Knowledge, Attitudes and Practices
MCH	Maternal and Child Health Survey
MICS	Multiple Indicator Cluster Survey
RHS	Reproductive Health Survey
SAR	Special Administrative Region
TFYR	The former Yugoslav Republic
UNPD	United Nations Population Division
USSR	Union of Soviet Socialist Republics
WFS	World Fertility Survey



## EXECUTIVE SUMMARY

The *World Fertility Report 2007*, prepared by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, presents a compilation of key indicators of fertility, nuptiality, contraceptive use and population policies regarding childbearing for 192 countries referring mostly to two periods: the 1970s and the latest year for which data are available. The data cover the extremes of a period of unprecedented changes in nuptiality, contraceptive use and fertility, which were accompanied by substantial changes in population policies. The conclusions presented here reinforce and extend those presented in the *World Fertility Report 2003* (United Nations, 2004b) by considering a broader set of indicators and focusing on more recent data. This report documents the following key findings:

**Between the 1970s and the early years of the twenty-first century, fertility fell worldwide at unprecedented rates and to unprecedented levels.** Total fertility fell in all but one of the 132 countries or areas for which data are available for both periods. In the most recent period covered, 59 countries or areas had a total fertility below 2.1 children per woman, the level required to ensure the replacement of generations in low mortality populations.

**During the period considered, the fertility decline was more accentuated in developing countries.** The median level of total fertility among developing countries fell by more than half, from 5.3 children per woman in the 1970s to 2.5 children per woman around the turn of the century. More than a quarter of all developing countries experienced fertility declines of at least 3.0 children per woman during that period.

**Fertility levels among the countries in the less developed regions are still spread over a broad range.** Total fertility is below replacement level in 18 of 71 developing countries or areas with data available for both periods but remains above 4.0 children per woman in 10 countries or areas. Fertility levels among the least developed countries are still considerably higher and have not been declining as fast as those of developing countries.

**Among developed countries, fertility levels were already relatively low in 1970 but continued to fall.** By the early years of the twenty-first century, only one developed country, Albania, had total fertility above 2.1 children per woman and only two more, New Zealand and the United States of America, had levels above 2.0 children per woman. In 20 developed countries, total fertility was below 1.4 children per woman and showed no signs of rebounding.

**The distribution of the mean age at childbearing among countries of the world showed very little change.** There were, however, major differences among the development groups. For developed countries, the mean age at childbearing tended to rise sharply and values diverged considerably. Among the countries in the less developed regions, the mean age at childbearing generally fell and their variability increased. Mean ages at childbearing in the developed countries are now as high as or higher than those of the developing and least developed countries, whereas in the 1970s they were substantially lower.

**The mean age at first birth rose in 83 per cent of the countries with data available.** Mean ages at first birth shifted upward among all groups of countries—developed, developing and least developed—but the increase was more marked among developed countries.

**The level and distribution of childlessness in the world changed little between the 1970s and the years around 2000.** There were, however, different levels and trends among different groups. Childlessness among women aged 45-49 rose among developed countries but fell slightly in the developing and the least developed countries.

**Age at marriage has been rising around the world.** The singular mean age at marriage (SMAM) for women rose in over 98 per cent of countries with data, with a median increase of 2.0 years. For developing and least developed countries, the median increase in the SMAM for women was around 1.5 years, but for developed countries the median increase was 7.2 years. Male SMAMs were always higher than female SMAMs and showed parallel trends, although the male-female difference declined slightly.

**Worldwide, proportions of women who have married by ages 25 to 29 have been falling.** In the 1970s, over 85 per cent of women had been married by ages 25 to 29. By around 2000, the percentage of women ever married at ages 25 to 29 had fallen in 87 per cent of the countries with data to 73 per cent. The decline was especially steep among developed countries, where the median proportion of women ever married by ages 25 to 29 in the 1970s was 85 per cent but had fallen to 46 per cent by the turn of the century.

**Although age at marriage is rising, almost everyone still gets married.** Worldwide, the percentage of women ever married by ages 45 to 49 was just over 95 per cent in the 1970s. The percentage ever married by ages 45 to 49 fell by about one percentage point in the following three decades. Levels ever married by ages 45 to 49 were lowest among developed countries, but even there, in over three quarters of the countries, at least 89 per cent of women aged 45 to 49 were or had been married. In every least developed country with data, at least 96 per cent of women aged 45 to 49 had been married.

**Marriage is becoming less of a requirement for childbearing.** In 62 countries with data on extramarital births, the median percentage of all births that occurred out of wedlock rose substantially, from 7.1 per cent in the 1970s to 29.2 per cent at the beginning of this century. The increase was similar in developed and developing countries with data (there were no data for the least developed countries).

**The use of contraception worldwide has almost doubled.** The use of contraception among women aged 15 to 49 who are married or in union increased in over 93 per cent of countries or areas with data. The median level of contraceptive use rose from 30.9 per cent in the 1970s to 61.1 per cent around 2000. The increase was even sharper among developing countries, whose median levels rose from 28.6 per cent to 62.6 per cent. Increases were more modest among developed countries, where levels of contraceptive use were already high in the 1970s, and among least developed countries, where the median level of contraceptive use is still only 23.1 per cent.

**The use of modern contraceptive methods has also risen.** Substantial increases occurred among developing countries, where the median level of use of modern methods of contraception rose from 21.5 per cent to 53.0 per cent. Among developed countries, the equivalent change was from 40.5 per cent to 65.0 per cent. However, use of modern contraceptive methods remains very low in most of the least developed countries, though it has been rising.

**Increasing numbers of Governments have become dissatisfied with the fertility levels of their populations.** In 1976, well over half of Governments reported they were satisfied with their fertility levels. By 2005, satisfaction levels were below 40 per cent. Quite sharp declines in levels of satisfaction occurred among developed countries, especially recently, and among least developed countries. Dissatisfaction among these groups of countries stemmed from different reasons. A rising proportion of developed countries stated that fertility levels were too low, whereas the Governments of the least developed countries were increasingly concerned about fertility levels being too high. Among developing countries, levels of satisfaction with fertility levels have risen steadily, partly as a result of fertility decline.

**Governments are becoming increasingly involved in trying to affect fertility.** In 1976, more than half the Governments in the world stated that they had no policies to modify fertility levels. This percentage



has dropped with each United Nations inquiry among Governments and in 2005 fewer than a quarter of Governments reported having no policy to affect fertility. Developed countries began moving to a more proactive stance in 1996, but their policies are aimed at encouraging childbearing. In contrast, the majority of developing countries have had policies to influence fertility for at least three decades. Among the least developed countries, in 1976 almost 80 per cent had no policies to affect fertility but by 2005 fewer than 20 per cent reported that they were not trying to influence fertility levels.

**Government policies to affect fertility have risen in tandem with concerns about prevailing fertility levels, but with a lag.** Among all development groups, the percentage of Governments reporting that fertility was too high has regularly been somewhat higher than the percentage of Governments reporting that they had policies to lower fertility. Similarly, among those Governments reporting that fertility was too low, smaller percentages reported having policies designed to raise fertility.

**Government policies supporting access to contraceptives have become common.** In developing countries, the percentage of countries providing direct support for family planning and the distribution of contraceptives rose steadily between 1976 and 2005. Among the least developed countries, that percentage rose until 1996 and then dropped slightly. Among developed countries, it has declined irregularly. Among developed countries, 80 per cent provide either direct or indirect support for family planning. In the less developed regions, the percentage of Governments supporting family planning either directly or indirectly has been increasing.

**Government policies on access to contraceptives are not necessarily related to Government views about fertility levels.** In 2005, among 36 countries with policies designed to raise fertility, 15 nevertheless provided direct support for access to contraceptives, 17 provided indirect support and only four provided no support. From another perspective: 41 per cent of the 176 countries with data for 2005 reported that fertility levels were too high, but 92 per cent of them were providing direct or indirect support for contraception. Clearly, therefore, providing access to contraceptives is done for reasons other than their effect on fertility levels.

## موجز تنفيذي

يقدم تقرير الخصوبة في العالم لعام 2007، الذي أعدته شعبة السكان التابعة لإدارة الشؤون الاقتصادية والاجتماعية بالأمانة العامة للأمم المتحدة، مجموعة من المؤشرات الأساسية للخصوبة، والزواج، واستخدام وسائل منع الحمل، والسياسات السكانية، فيما يتعلق بإنجاب الأطفال في 192 بلدا، وذلك لفترتين غالبا: السبعينيات، وآخر عام تتوافر بشأنه بيانات. وتشمل البيانات الحدود القصوى لفترة وقعت فيها تغيرات غير مسبوقه في الزواج واستخدام وسائل منع الحمل والخصوبة، واكبتها تغيرات واسعة في السياسات السكانية. والاستنتاجات الواردة هنا تعزز وتفصل الاستنتاجات المقدمة في تقرير الخصوبة في العالم لعام 2003 (الأمم المتحدة، 2004 ب)، بالنظر في مجموعة أوسع من المؤشرات، والتركيز على البيانات الأحدث. ويوثق التقرير الاستنتاجات الرئيسية التالية:

**فيما بين السبعينيات والأعوام الأولى من القرن الحادي والعشرين، انخفضت الخصوبة على نطاق العالم إلى معدلات غير مسبوقه وإلى مستويات غير مسبوقه.** وقد تراجع الخصوبة في جميع الـ 132 بلدا أو منطقة التي تتوافر بشأنها بيانات في الفترتين عدا بلدا واحدا أو منطقة واحدة. وفي الفترة الأقرب المشمولة، وصلت الخصوبة الكلية في 59 بلدا أو منطقة إلى ما دون 2.1 من الأطفال للمرأة الواحدة، وهو المستوى المطلوب لضمان تعاقب الأجيال في السكان الذين يقل معدل الوفيات بينهم.

**في الفترة المستعرضة كان تراجع الخصوبة أوضح في البلدان النامية.** فقد انخفض المستوى المتوسط للخصوبة الكلية في البلدان النامية بأكثر من النصف، أي من 5.3 أطفال للمرأة الواحدة في السبعينيات إلى 2.5 من الأطفال للمرأة الواحدة عن منعتف القرن. وقد تعرض أكثر من ربع البلدان النامية جميعا لتراجع الخصوبة بواقع 3.0 أطفال على الأقل للمرأة الواحدة في هذه الفترة.

**ما زالت مستويات الخصوبة في البلدان الواقعة في المناطق القليلة النمو موزعة على نطاق واسع.** وتقل الخصوبة الكلية عن

مستوى الإحلال في 18 من البلدان أو المناطق النامية الـ 71 التي تتوافر بشأنها بيانات في الفترتين، وإن كان لا يزال أكثر من 4.0 أطفال للمرأة الواحدة في 10 بلدان أو مناطق. ولا تزال مستويات الخصوبة في البلدان الأقل نمواً أعلى بكثير، ولم تتراجع هذه المستويات بالسرعة التي تراجعت بها مستويات البلدان النامية.

**كانت مستويات الخصوبة في البلدان المتقدمة منخفضة نسبياً في السبعينيات، وإن كانت مستمرة في التراجع. وفي الأعوام الأولى من القرن الحادي والعشرين، كان هناك بلد متقدم واحد، هو ألبانيا، زادت فيه الخصوبة الكلية على 2.1 من الأطفال للمرأة الواحدة، وكان هناك بلدان آخران فقط، هما نيوزيلندا والولايات المتحدة الأمريكية، زادت فيهما المستويات على 2.0 من الأطفال للمرأة الواحدة وفي 20 بلداً متقدماً كانت الخصوبة الكلية أقل من 1.4 من الأطفال للمرأة الواحدة، ولم يبدو أنه سيعاود الارتفاع.**

**لم يطرأ سوى تغير طفيف على توزيع العمر المتوسط عند الإنجاب في بلدان العالم. ومع ذلك، فإن هناك فروقاً واسعة بين مجموعات النمو. ففي البلدان المتقدمة اتجه العمر المتوسط عند الإنجاب إلى الارتفاع الشديد، وتباعدت القيم بشكل بالغ. وفي البلدان الواقعة في المناطق القليلة النمو، انخفض العمر المتوسط عند الإنجاب بوجه عام وزاد التفاوت بينها. والعمر المتوسط عند الإنجاب في البلدان المتقدمة هو الآن مماثل لهذا العمر في البلدان النامية والأقل نمواً أو أعلى منه، في حين أنه كان في السبعينيات منخفضاً بقدر كبير.**

**ارتفع العمر المتوسط عند الولادة الأولى في 83 في المائة من البلدان التي تتوافر بشأنها بيانات. وقد اتجه العمر المتوسط عند الولادة الأولى صعوداً في جميع مجموعات البلدان - المتقدمة والنامية والأقل نمواً - وإن كانت الزيادة أوضح في البلدان المتقدمة.**

**لم يطرأ سوى تغير طفيف على مستوى وتوزيع عدم الإنجاب في العالم فيما بين السبعينيات والأعوام القريبة من عام 2000. ومع ذلك كانت هناك مستويات واتجاهات مختلفة بين شتى المجموعات. وقد**

ارتفع معدل عدم الإنجاب لدى النساء اللاتي تتراوح أعمارهن بين 45 و 49 عاما في البلدان المتقدمة، وإن كان قد انخفض بشكل طفيف في البلدان النامية والأقل نمواً.

**ترتفع سن الزواج في العالم.** وقد ارتفع متوسط سن الزواج لدى النساء في أكثر من 98 في المائة من البلدان التي تتوافر بشأنها بيانات، بزيادة بلغ متوسطها 2.0 من الأعوام. وفي البلدان النامية الأقل نمواً، بلغ متوسط الزيادة في سن الزواج لدى النساء حوالي 1.5 عام، في حين بلغ 7.2 أعوام في البلدان المتقدمة. ومتوسط سن الزواج لدى الذكور أعلى دائماً منه لدى الإناث، ويتسم باتجاهات متوازية، رغم أن التفاوت بين الذكور والإناث انخفض بشكل طفيف.

**تراجع نسب النساء اللاتي يتزوجن في عمر يتراوح بين 25 و 29 عاما على نطاق العالم.** وفي السبعينيات تزوج ما يزيد على 85 في المائة من النساء في عمر يتراوح بين 25 و 29 عاما. وحوالي عام 2000، انخفضت النسبة المئوية للنساء اللاتي يتزوجن في عمر يتراوح بين 25 و 29 عاما في 87 في المائة من البلدان التي تتوافر بشأنها بيانات، فأصبحت 73 في المائة. وكان الانخفاض بالغاً في البلدان المتقدمة، حيث بلغ متوسط نسبة النساء اللاتي يتزوجن في عمر يتراوح بين 25 و 29 عاما 85 في المائة في السبعينيات، وإن كان قد تراجع إلى 46 في المائة عند حلول القرن.

**رغم ارتفاع سن الزواج فإن كل فرد تقريبا سيتزوج إن عاجلا أو آجلا.** وفي السبعينيات وصلت النسبة المئوية للنساء اللاتي يتزوجن في عمر يتراوح بين 45 و 49 عاما إلى ما يزيد قليلاً على 95 في المائة. وفي العقود الثلاثة التالية، انخفضت النسبة المئوية لمن يتزوجن في عمر يتراوح بين 45 و 49 عاما بحوالي نقطة مئوية. وكانت نسب المتزوجات في عمر يتراوح بين 45 و 49 عاما هي الأقل في البلدان المتقدمة، ومع ذلك فحتى في أكثر من ثلاثة أرباع البلدان فإن 89 في المائة على الأقل ممن تتراوح أعمارهن بين 45 و 49 عاما متزوجات أو يتزوجن. وفي كل بلد من البلدان الأقل نمواً التي تتوافر بشأنها

بيانات، كان 96 في المائة على الأقل من النساء اللاتي تتراوح أعمارهن بين 45 و 49 عاما متزوجات.

**بدأ الزواج يصبح بدرجة أقل شرطا للإنجاب.** ففي 62 بلدا تتوفر بشأنها بيانات عن الولادات خارج نطاق الزواج، فإن متوسط النسبة المئوية لكل الولادات غير الشرعية ارتفع إلى حد كبير، من 7.1 في المائة في السبعينيات إلى 29.2 في المائة في مطلع هذا القرن. وكانت الزيادة متماثلة في البلدان المتقدمة والبلدان النامية التي تتوفر بشأنها بيانات (لم تكن هناك بيانات عن البلدان الأقل نموا).

**تضاعف تقريبا استخدام وسائل منع الحمل على نطاق العالم.** فقد زاد استخدام وسائل منع الحمل لدى النساء اللاتي تتراوح أعمارهن بين 15 و 49 عاما من المتزوجات أو المقترنات في أكثر من 93 في المائة من البلدان أو المناطق التي تتوفر بشأنها بيانات. وزاد المستوى المتوسط لاستخدام وسائل منع الحمل من 30.9 في المائة في السبعينيات إلى 61.1 في المائة حوالي عام 2000. وكانت الزيادة أعلى في البلدان النامية التي ارتفعت فيها المستويات المتوسطة من 28.6 في المائة إلى 62.6 في المائة. وكانت الزيادات أكثر تواضعا في البلدان المتقدمة التي كانت مستويات استخدام وسائل منع الحمل فيها عالية بالفعل في السبعينيات، وفي البلدان الأقل نموا التي لا يزال المستوى المتوسط لاستخدام وسائل منع الحمل فيها في حدود 23.1 في المائة فقط.

**زاد أيضا استخدام الوسائل الحديثة لمنع الحمل.** فقد حدثت زيادة كبيرة في البلدان النامية، حيث زاد المستوى المتوسط لاستخدام الوسائل الحديثة لمنع الحمل من 21.5 في المائة إلى 53.0 في المائة. وفي البلدان المتقدمة وصل التغيير المكافئ من 40.5 في المائة إلى 65.0 في المائة. ومع ذلك فإن استخدام الوسائل الحديثة لمنع الحمل ما زال منخفضا للغاية في معظم البلدان الأقل نموا، وإن كان آخذا في الارتفاع.

**يتزايد عدد الحكومات غير الراضية عن مستويات الخصوبة لدى سكانها.** ففي عام 1976، أعلن ما يزيد كثيرا على نصف الحكومات أنها راضية عن مستويات الخصوبة لديها. وفي عام 2005، قلّت مستويات الرضا عن 40 في المائة. وقد حدث تراجع حاد بالفعل في مستويات الرضا في البلدان المتقدمة، وخصوصا في الفترة الأخيرة،

وفي البلدان الأقل نمواً. وعدم الرضا لدى هذه المجموعات من البلدان نابع من أسباب متباينة. فقد ذكرت نسبة متزايدة من البلدان المتقدمة أن مستويات الخصوبة متدنية، في حين أن حكومات البلدان الأقل نمواً يتزايد قلقها من مستويات الخصوبة المرتفعة للغاية. وفي البلدان النامية ترتفع مستويات الرضا على مستويات الخصوبة باستمرار، ويرجع ذلك في جانب منه إلى تراجع الخصوبة.

**يتزايد اشتراك الحكومات في محاولة التأثير على الخصوبة.** ففي عام 1976 ذكر أكثر من نصف الحكومات في العالم أنه ليس لديها سياسات لتغيير مستويات الخصوبة. وكانت هذه النسبة المئوية تقل مع كل استبيان توجهه الأمم المتحدة إلى الحكومات، وفي عام 2005، أبلغ أقل من ربع الحكومات أنه ليس لديها سياسات للتأثير على الخصوبة. وفي عام 1996، بدأت البلدان المتقدمة تتخذ موقفاً أكثر استباقية، وإن كانت سياساتها تعمل على تشجيع الإنجاب. وعلى العكس من ذلك فإن لدى معظم البلدان النامية سياسات للتأثير على الخصوبة لمدة ثلاثة عقود على الأقل. وفي عام 1976 لم يكن لدى ما يقرب من 80 في المائة من البلدان الأقل نمواً سياسات للتأثير على الخصوبة، ولكن بحلول عام 2005 أبلغ أقل من 20 في المائة منها أنها لا تحاول التأثير على مستويات الخصوبة.

**زادت السياسات الحكومية للتأثير على الخصوبة. مواكبة لدواعي القلق من المستويات السائدة للخصوبة، ولكن متأخرة عنها.** فالنسبة المئوية للحكومات التي أبلغت أن الخصوبة عالية جداً هي عادة أعلى بعض الشيء من النسبة المئوية للحكومات التي أبلغت أنه ليس لديها سياسات لخفض الخصوبة، ولذلك في كل مجموعات النمو. وبالمثل فمن بين الحكومات التي أبلغت أن الخصوبة منخفضة جداً، أبلغت نسبة مئوية قليلة أن لديها سياسات ترمي إلى زيادة الخصوبة.

**شاعت الآن السياسات الحكومية الداعمة للحصول على وسائل منع الحمل.** ففي البلدان النامية استمر فيما بين عامي 1976 و 2005 ارتفاع النسبة المئوية للبلدان التي تقدم دعماً مباشراً لتنظيم الأسرة وتوزيع وسائل منع الحمل. وفي البلدان الأقل نمواً، ظلت هذه النسبة المئوية ترتفع حتى عام 1996، ثم أخذت تتراجع قليلاً. وفي البلدان

المتقدمة، أخذت هذه النسبة تتناقص بشكل غير منتظم. ويوفر 80 في المائة من البلدان المتقدمة الدعم المباشر وغير المباشر لتنظيم الأسرة. وفي البلدان الأقل نمواً تتزايد النسبة المئوية للحكومات التي تدعم تنظيم الأسرة إما بشكل مباشر أو غير مباشر.

**السياسات الحكومية المتعلقة بالحصول على وسائل منع الحمل**  
لا ترتبط بالضرورة بآراء الحكومات في مستويات الخصوبة. في عام 2005، ومن بين 36 بلداً لديها سياسات ترمي إلى زيادة الخصوبة، كان هناك مع ذلك 15 بلداً تقدم الدعم المباشر للحصول على وسائل منع الحمل، و 17 بلداً تقدم الدعم غير المباشر، وأربعة بلدان فقط لا تقدم أي دعم. ومن منظور آخر: أبلغ 41 في المائة من الـ 176 بلداً التي لديها بيانات عن عام 2005 أن مستويات الخصوبة عالية جداً، وإن كان 92 في المائة منها تقدم الدعم المباشر أو غير المباشر لوسائل منع الحمل. ولذلك فإن من الواضح أن دعم وسائل منع الحمل يتم لأسباب لا صلة لها بآثر هذه الوسائل على مستويات الخصوبة.

## 执行摘要

《2007年世界生育率报告》是联合国秘书处经济和社会事务部人口司编写的报告，其中收集了下列两段时间192个国家与儿女生育情况有关的生育率、结婚率、避孕药具使用率和人口政策的关键指标：1970年代和有统计数据的最新年份。这些数据说明了在结婚率、避孕药具使用率和生育率等方面都发生前所未有的变化的年代所呈现的各种极端情况，以及在人口政策方面出现的大幅变动。这份报告进一步确认和强调了《2003年世界生育率报告》（联合国，2004年）提出的结论，即认为应该制定范围更广的指标，和注意近期的数据。本报告提出了以下要点：

从1970年代至21世纪初，全世界生育率以空前的速度下降到前所未有的水平。在有数据可用的两段期间，全世界132个国家或地区中，除了一个国家之外，总和生育率全部下降。根据最近的数据显示，有59个国家或地区的总和生育率低于每名妇女生育2.1名子女；这是在死亡率低的地区确保世代延续所需的生育率。

在这段期间，发展中国家生育率的下降更加快速。发展中国家总和生育率的中位数从1970年代的每名妇女生育5.3名子女下降到本世纪初每名妇女生育2.5名子女。在此期间，在所有发展中国家中，多于四分之一的发展中国家的生育率至少下降了每名妇女3.0名子女。

欠发达区域国家的生育水平差距仍然偏大。在两个时期都有生育数据的71个发展中国家或地区中，有18个国家或地区的总和生育率低于更替水平，同时有10个国家或地区的生育率仍高于每名妇女生育4.0名子女。最不发达国家的生育率要高得多，并且下降的速度也没有发展中国家那么快。

发达国家的生育水平在1970年代已经相对偏低，不过目前还持续下降。到21世纪初年，只有一个发达国家（阿尔巴尼亚）的总和生育率高于每名妇女生育2.1名子女，而且还只有两个发达国家（新西兰和美利坚合众国）的生育率高于每名妇女生育2.0名子女。20个发达国家的总和生育率都低于每名妇女生育1.4名子女，而且这种生育水平没有回升的迹象。

世界各国中位育龄分布变化不大。不过，在各类发展不同的国家集团中，中位育龄的差别很大。发达国家的中位育龄上升急速，并且年龄差距分别很大。欠发达区域国家的中位育龄普遍下降，差距也已拉大。发达国家的中位育龄目前等同或高于发展中国家和最不发达国家的育龄，但这些国家在1970年代的中位育龄远比现在要低。



在有数据可查的国家中，有 83% 国家头胎生育的中位年龄上升。不论是发达国家、发展中国家或最不发达国家，所有国家集团的头胎生育中位年龄都向上提升，只是发达国家的上升趋势比较突出。

全世界育儿水平和分布在 1970 年代和 2000 年前后的差别不大。不过，在不同的国家集团之间，出现不同的育儿水平和分布。发达国家 45-49 岁妇女年龄组的育儿比例上升，但发展中国家和最不发达国家的这项比例略为下降。

全世界男女婚龄持续上升。在有数据可查的国家中，98% 国家的妇女初婚年龄中位数上升 2.0 岁。发展中国家和最不发达国家的妇女初婚年龄中位数约上升 1.5 岁，发达国家的这项中位数上升 7.2 岁。男性初婚年龄中位数一向都比女性高，不过其趋势与女性相同，尽管男女婚龄之间的差距略有缩小。

全世界 25-29 岁以前结婚的妇女比例持续下降。1970 年代，超过 85% 的妇女在 25-29 岁以前结婚。2000 年前后，在有数据可查的 87% 国家中，25-29 岁之间已经结婚的妇女的百分率下降到刚过 73%。发达国家的下降速度最快，在 1970 年代，发达国家妇女在 25-29 岁之间已经结婚的比率中位数是 85%，但在本世纪初已经下降到 46%。

尽管结婚年龄继续上升，但男女仍都迟早结婚。全世界妇女在 45-49 岁以前结婚的百分率在 1970 年代略高于 95%。在随后的 30 年间，45-49 岁以前结婚的百分率下降大约一个百分点。45-49 岁以前结婚的百分率在发达国家最低，但即使在发达国家，四分之三以上国家的 45-49 岁年龄组的妇女中，有 89% 的妇女结了婚或曾经结过婚。在有数据可查的最不发达国家中，至少有 96% 年龄在 45-49 岁年龄组之间的妇女结过婚。

婚姻已经越来越不是养儿育女的条件。在有婚外生育数据可查的 62 个国家中，非婚生子女的百分率中位数大幅上升，从 1970 年代的 7.1% 上升到本世纪初的 29.2%。在有数据可查的国家中，发达国家的上升情况与发展中国家相同（最不发达国家没有这方面的数据）。

全世界避孕药具的使用几乎增加一倍。在有数据可查的国家或地区中，超过 93% 的国家或地区年龄在 15-49 岁年龄组的已婚或有结合关系的妇女使用避孕药具情况已经增加。使用避孕药具的中位数从 1970 年代的 30.9% 上升到 2000 年前后的 61.1%。发展中国家增加更快，中位数从 28.6% 飙升到 62.6%。发达国家的使用增长不多，因为在 1970 年代避孕药具已被广泛使用，不过，最不发达国家的避孕药具使用中位数仍然只有 23.1%。

使用现代避孕方法的人数也已上升。发展中国家使用现代避孕方法的中位数大幅上升，从 21.5% 增加到 53.0%。在发达国家中，同样从 40.5% 上升到 65.0%。不过，现代避孕方法的使用在最不发达国家仍不普遍，尽管已经开始上升。

有越来越多的政府对其本国生育水平感到不满。1976 年，远超过一半以上的政府对其本国生育水平感到满意。2005 年，感到满意的国家数目降到 40% 以下。发达国家感到满意的程度急速下降，这种情况最近也发生在最不发达国家。这两类国家感到不满的原因不同。表示生育水平太低的发达国家比例上升，而最不发达国家却对其生育水平太高的情况越来越感到关切。发展中国家对其生育水平感到满意的程度稳定上升，这部分是由于其生育率下降的缘故。

各国政府越来越愿意影响本国生育率。1976 年，全世界超过一半以上的政府表示它们没有制定任何改变本国生育水平的政策。这项比例在联合国的历次调查中一直下降，到 2005 年，不到四分之一的政府报告它们没有制定任何试图影响本国生育率的政策。发达国家从 1996 年开始采取主动积极的立场，不过，它们的政策是鼓励养儿育女。与此相反，大多数发展中国家在至少过去 30 年间一直都在采取影响生育率的政策。在最不发达国家中，1976 年几乎有 80% 的国家没有任何影响生育率的政策，但到 2005 年，只有不到 20% 的国家指出它们未曾试图影响本国的生育水平。

政府影响生育率的政策与它们对目前生育水平的担忧同时上升，只是担忧的时机略有延后。在所有发展程度不同的国家类别中，指出其生育率太高的政府百分率几乎一直都高于表示它们已制定降低生育率的政府百分率。同样，在表示生育率太低的政府中，只有较少比例的政府指出它们已经制定提高生育率的政策。

政府支持使用避孕药具的政策已经日趋普遍。在 1976 年至 2005 年之间，对计划生育和避孕药具的分配提供直接支助的发展中国家比例稳步上升。最不发达国家的这项比例也一直上升，不过上升只到 1996 年为止，随后略有下降。发达国家的下降并不规则。在发达国家中，有 80% 的国家直接或间接支持计划生育。在欠发达区域，直接或间接支持计划生育的国家百分比一直都在上升。

政府支持使用避孕药具的政策并不必然与政府对生育水平的观点有关。2005 年，在制定提高生育率的 36 个国家中，有 15 个国家直接支持避孕药具的使用，17 个国家给予间接支持，不提供支持的只有四个国家。另一项观点认为：在拥有 2005 年数据的 176 个国家中，有 41% 的国家表示其国内生育水平太高，但有 92% 的国家直接或间接支持提供避孕药具。因此，显而易见，提供避孕药具的理由并不必然与生育水平有关

## RÉSUMÉ

Le rapport intitulé *World Fertility Report 2007*, élaboré par la Division de la population du Département des affaires économiques et sociales du Secrétariat de l'ONU, répertorie, pour 192 pays, les principaux indicateurs de la fécondité, de la nuptialité, de la contraception et des politiques de contrôle de la procréation, et couvre essentiellement deux périodes : les années 70 et l'année correspondant aux données les plus récentes. Ces statistiques reflètent les contrastes d'une période marquée par une évolution exceptionnelle de la nuptialité, de la contraception et de la fécondité, et par des changements radicaux dans les politiques démographiques. Les conclusions présentées ici confirment et complètent celles du *World Fertility Report 2003* (Nations Unies, 2004b). Elles portent sur un éventail d'indicateurs plus large et sur des données plus récentes. Pour l'essentiel, les résultats développés dans ce rapport sont les suivants :

**Entre les années 70 et le début du XXI<sup>e</sup> siècle, la fécondité mondiale a baissé, plus rapidement que jamais, jusqu'à des taux sans précédent.** À une exception près, elle a baissé dans les 132 pays ou territoires pour lesquels des données existaient pour les deux périodes. Pour la période la plus récente, 59 pays ou territoires affichaient un taux de fécondité inférieur à 2,1 enfants par femme, le seuil requis pour assurer le renouvellement des générations dans les populations à faible taux de mortalité.

**Pendant la période considérée, le déclin de la fécondité a été plus marqué dans les pays en développement.** Le taux médian y a diminué de plus de moitié, passant de 5,3 dans les années 70 à 2,5 vers 2000. Dans plus d'un quart des pays en développement, l'écart a atteint au moins 3,0 enfants par femme.

**Dans les régions peu développées, les taux de fécondité varient encore beaucoup d'un pays à l'autre.** Sur les 71 pays ou régions en développement pour lesquels des données existaient pour les deux périodes, 18 ont un taux de fécondité inférieur au seuil de renouvellement, mais 10 se maintiennent à un taux supérieur à 4. Dans les pays les moins avancés, les taux de fécondité restent nettement plus élevés et n'ont pas diminué aussi vite que dans les pays en développement.

**Dans les pays développés, les taux de fécondité, déjà relativement bas en 1970, ont continué à baisser.** Dans les premières années du XXI<sup>e</sup> siècle, seule l'Albanie affichait un taux supérieur à 2,1 et deux autres, la Nouvelle-Zélande et les États-Unis d'Amérique, un taux supérieur à 2. Dans 20 pays développés, le taux de fécondité était inférieur à 1,4 et ne semblait pas près de remonter.

**L'âge moyen de la mère à la naissance d'un enfant a très peu évolué dans le monde.** Toutefois, des différences importantes apparaissent dans les différents groupes de pays, classés par degré de développement. Dans les pays développés, l'âge moyen de la mère à la naissance d'un enfant a fortement augmenté, et les valeurs varient considérablement d'un pays à l'autre. Dans les régions peu développées, d'une manière générale, il a chuté, et les disparités entre les pays se sont creusées. Aujourd'hui, l'âge moyen de la mère à la naissance d'un enfant dans les pays

développés a rattrapé ou dépassé celui des pays en développement ou des pays les moins avancés, alors que dans les années 70 il était nettement inférieur.

**L'âge moyen des femmes au premier enfant a augmenté dans 83 % des pays où ces données étaient disponibles.** Cette hausse concerne tous les groupes de pays (développés, en développement ou les moins avancés), mais elle est moins marquée dans les pays développés.

**Le nombre et la répartition des femmes sans enfant a peu changé entre les années 70 et les années 2000 dans le monde.** Toutefois, les tendances varient en fonction des pays. Le nombre de femmes infécondes dans la tranche d'âge 45-49 ans a augmenté dans les pays développés, mais légèrement baissé dans les pays en développement et les pays les moins avancés.

**L'âge au mariage a augmenté partout dans le monde.** Pour les femmes célibataires, il a augmenté dans plus de 98 % des pays où des données existaient, de l'ordre de 2,0 ans. Dans les pays en développement et les pays les moins avancés, la hausse médiane a été de 1,5 ans, contre 7,2 ans dans les pays développés. L'âge moyen des hommes célibataires au mariage, toujours plus élevé que celui des femmes, a suivi la même tendance, encore que l'écart entre les deux se soit légèrement réduit.

**À l'échelle mondiale, la proportion de femmes mariées dans la tranche d'âge 25-29 ans a chuté.** De plus de 85 % dans les années 70, elle est tombée à 73 % en 2000, dans 87 % des pays disposant de données. Ce déclin a été particulièrement sensible dans les pays développés, où la médiane de leur proportion est passée de 85 % dans les années 70 à 46 % vers 2000.

**Même si l'âge au mariage augmente, presque tout le monde se marie tôt ou tard.** Dans le monde, la proportion de femmes mariées dans la tranche d'âge 45-49 ans, qui dépassait 95 % dans les années 70, a baissé de près d'un point de pourcentage en 30 ans. Même dans le monde développé, où cette proportion est la plus faible, elle est toutefois d'au moins 89 % dans plus de trois quarts des pays. Dans tous les pays les moins avancés où des données existent, elle est d'au moins 96 %.

**Le mariage est de moins en moins une condition obligatoire pour faire des enfants.** Dans 62 pays disposant de données, la proportion de naissances hors mariage a considérablement augmenté, passant de 7,1 % dans les années 70 à 29,2 % au début de ce siècle. Pays développés et en développement ont connu la même évolution (il n'existe pas de données pour les pays les moins avancés).

**L'utilisation de contraceptifs dans le monde a presque doublé depuis les années 70.** La contraception des femmes de 15 à 49 ans mariées ou en couple a augmenté dans plus de 93 % des pays pour lesquels des données existaient. Le taux médian d'utilisation de contraceptifs est passé de 30,9 % dans les années 70 à 61,1 % autour de 2000. La hausse a été encore plus forte dans les pays en développement (de 28,6 à 62,6 %), mais plus modeste dans les pays développés, où le taux de contraception était déjà élevé dans les années 70, ainsi que dans les pays les moins avancés, où il n'est encore que de 23,1 %.

**L'utilisation de modes de contraception modernes s'est aussi développée.** Les progrès ont été sensibles dans les pays en développement,

où le taux médian d'utilisation de ces contraceptifs est passé de 21,5 % à 53,0 %. Dans les pays développés, la proportion est passée de 40,5 à 65 %, mais elle reste très faible dans la plupart des pays les moins avancés, en dépit d'une réelle progression.

**De plus en plus de gouvernements ne sont plus satisfaits du taux de fécondité de leur population.** En 1976, bien plus de la moitié des gouvernements se déclaraient satisfaits, contre moins de 40 % en 2005. C'est dans les pays développés, surtout récemment, et dans les pays les moins avancés que ce revirement a été le plus marqué, pour des raisons différentes dans les deux cas. Quand les premiers déplorent des taux de fécondité trop bas, les seconds s'inquiètent de taux trop élevés. En revanche, un nombre croissant de pays en développement se réjouissent, car le taux de fécondité de leur population a baissé.

**De plus en plus, les gouvernements ont à cœur de maîtriser la fécondité de leur population.** En 1976, une bonne moitié d'entre eux déclaraient ne pas avoir mis de mesures en place à cette fin. Comme en attestent les enquêtes successives menées auprès d'eux par les Nations Unies, leur proportion a diminué, passant à moins d'un quart en 2005. Les pays développés n'ont commencé qu'en 1996 à prendre des mesures en amont pour encourager la procréation, alors que la majorité des pays en développement a mis en place des politiques de contrôle des naissances depuis au moins 30 ans. Quant aux pays les moins avancés, ils étaient près de 80 % à ne pas avoir pris de mesures dans ce sens en 1976, mais seulement moins de 20 % en 2005.

**La mise en place de politiques de contrôle de la fécondité est toujours en retard sur la prise de conscience du problème.** Dans tous les pays, développés ou non, il y a toujours plus de gouvernements à se plaindre d'un taux de fécondité trop faible ou trop élevé qu'à annoncer qu'ils ont pris des mesures pour le faire respectivement augmenter ou diminuer.

**Les politiques destinées à faciliter l'accès à la contraception sont généralisées.** Dans les pays en développement, la proportion de gouvernements qui apportent un soutien direct au planning familial et à la distribution de contraceptifs s'est fortement accrue entre 1976 et 2005. Dans les pays les moins avancés, leur proportion a augmenté jusqu'en 1996, puis légèrement diminué, tandis que dans les pays développés, elle a décliné de manière irrégulière. Quatre-vingt pour cent des pays développés soutiennent le planning familial par des moyens directs ou indirects. Dans les régions peu développées, cette part est en augmentation.

**L'existence de politiques visant à faciliter l'accès à la contraception ne reflète pas nécessairement la position des gouvernements sur le taux de fécondité de leur population.** En 2005, sur 36 pays dotés de politiques destinées à encourager la fécondité, 15 soutenaient néanmoins l'accès à la contraception par des moyens directs, 17 par des moyens indirects et seulement 4 ne le soutenaient pas. Sous un autre angle, sur les 176 pays disposant de données pour 2005, 92 % encourageaient la contraception par un soutien direct ou indirect, alors qu'ils n'étaient que 41 % à signaler des taux de fécondité trop élevés. De toute évidence, ce n'est donc pas pour influencer sur le taux de fécondité que les pouvoirs publics choisissent de faciliter l'accès à la contraception.

## РЕЗЮМЕ

В «Докладе о рождаемости в мире, 2007 год», подготовленном Отделом народонаселения Департамента по экономическим и социальным вопросам Секретариата Организации Объединенных Наций, представлена подборка ключевых показателей рождаемости, брачности, пользования контрацептивами и проведения демографической политики в части деторождения по 192 странам, которые относятся главным образом к двум периодам: 70-е годы и последний год, по которому имеются данные. Данные включают крайние значения, отмечавшиеся в период беспрецедентных изменений в брачности, применении контрацептивов и рождаемости, которые сопровождались существенными сдвигами в демографической политике. Представленные в настоящем докладе выводы подкрепляют и дополняют выводы, содержащиеся в «Докладе о рождаемости в мире, 2003 год» (Организация Объединенных Наций, 2004 год), поскольку в нем рассматривается более широкий набор показателей и приводятся более свежие данные. В настоящем докладе сформулированы следующие ключевые выводы:

**В период между 70-ми годами и первыми годами XXI века показатели рождаемости во всем мире сокращались небывало высокими темпами и снизились до беспрецедентно низкого уровня.** Общий уровень рождаемости сократился во всех из 132 стран или районов, по которым имеются данные за оба периода, кроме одной страны. За последний охваченный период в 59 странах или районах уровень рождаемости в целом составил менее 2,1 ребенка на одну женщину — минимальный уровень, необходимый для воспроизводства населения в странах с низким уровнем смертности.

**За рассматриваемый период снижение уровня рождаемости было особенно ярко выраженным в развивающихся странах.** Медианный показатель общего уровня рождаемости в развивающихся странах сократился более чем в два раза, с 5,3 ребенка на одну женщину в 70-х годах до 2,5 ребенка на одну женщину в последние годы прошлого и первые годы нового столетия. В более чем в одной четверти всех развивающихся стран за этот период было отмечено сокращение уровня рождаемости по меньшей мере на 3,0 ребенка на одну женщину.

**Среди стран в менее развитых регионах уровни рождаемости до сих пор заметно отличаются друг от друга.** Общий уровень рождаемости находится ниже того, который необходим для воспроизводства населения, в 18 из 71 развивающихся стран или районов, по которым имеются данные за оба периода, но по-прежнему превышает 4,0 ребенка на одну женщину в 10 странах или районах. Уровни рождаемости в наименее развитых странах по-прежнему значительно выше, и их снижение происходит не столь быстрыми темпами, как в развивающихся странах.

**Рождаемость в развитых странах находилась на относительно низком уровне еще в 70-х годах и тем не менее продолжала падать.** К началу XXI века только в одной развитой стране, Албании, отмечался общий уровень рождаемости — свыше

2,1 ребенка на одну женщину, и только в двух других развитых странах — Новой Зеландии и Соединенных Штатах Америки — эти уровни превышали 2,0 ребенка на одну женщину. В 20 развитых странах общий уровень рождаемости составлял менее 1,4 ребенка на одну женщину, и каких-либо тенденций к его росту не наблюдалось.

**Не отмечалось практически никаких изменений и в распределении среднего детородного возраста по странам.** Однако имели место крупные различия по группам стран с разным уровнем развития. Что касается развитых стран, то средний детородный возраст имел тенденцию к резкому повышению и наблюдались существенные различия в значениях этого показателя. Среди стран в менее развитых регионах средний детородный возраст в целом снизился, и показатели по отдельным странам стали больше отличаться друг от друга. Средний детородный возраст в развивающихся странах в настоящее время находится на столь же высоком или более высоком по сравнению с развивающимися и наименее развитыми странами уровне, в то время как в 70-е годы эти показатели были значительно ниже.

**Показатель среднего возраста при первых родах возрос в 83 процентах стран, по которым имеются данные.** Показатель среднего возраста при первых родах повысился во всех группах стран — в развитых, развивающихся и наименее развитых странах, — но более заметным был в развитых странах.

**В период с 70-х годов по примерно 2000 год произошли незначительные изменения в уровне и распределении бездетности в мире.** Однако среди различных групп наблюдались разные уровни и тенденции. Уровень бездетности среди женщин в возрасте 45–49 лет вырос в развитых странах, но несколько снизился в развивающихся и наименее развитых странах.

**Во всем мире отмечается увеличение возраста вступления в брак.** Средний возраст вступления в первый брак у женщин увеличился в 98 процентах стран, по которым имеются данные, а медианный показатель увеличения составил 2,0 года. Для развивающихся и наименее развитых стран медианный показатель увеличения среднего возраста вступления в первый брак составлял среди женщин около 1,5 года, а для развитых стран — почти 7,2 года. У мужчин средний возраст вступления в первый брак всегда был выше, чем у женщин, и в его динамике наблюдались аналогичные тенденции, хотя различие между мужчинами и женщинами по этому показателю несколько сократилось.

**Во всем мире сокращается доля женщин, вступающих в брак в возрасте от 25 до 29 лет.** В период 70-х годов доля женщин, вступающих в брак в возрасте от 25 до 29 лет, составляла более 85 процентов. Примерно к 2000 году процентная доля женщин, вступающих в брак в возрасте от 25 до 29 лет, сократилась в 87 процентах стран, по которым имеются данные, и составила 73 процента. Это сокращение было особенно резким в развитых странах, где медианный показатель доли вступающих в брак женщин в возрасте от 25 до 29 лет в 70-е годы составлял 85 процентов, а к началу нового века сократился до 46 процентов.

**Хотя возраст вступления в брак увеличивается, узами брака по-прежнему рано или поздно сочетаются практически все.** В 70-е годы общемировая процентная доля женщин, вступивших в брак в возрасте от 45 до 49 лет, составляла немногим более 95 процентов. В следующие три десятилетия их процентная доля сократилась примерно на 1 процент. Доля брачующихся в возрасте от 45 до 49 лет была самой низкой среди населения развивающихся стран, но даже в более чем трех четвертых из этих стран по меньшей мере 89 процентов женщин в возрасте от 45 до 49 лет состоит или состояли в браке. Во всех наименее развитых странах, по которым имеются данные, не менее 96 процентов женщин в возрасте от 45 до 49 лет вступали в брак.

**Вступление в брак становится все менее необходимым для деторождения условием.** В 62 странах, по которым имеются данные о рождении детей вне брака, медианный показатель процентной доли всех рождений вне брака существенно возрос — с 7,1 процента в 70-е годы до 29,2 процента в начале этого века. Это увеличение было схожим в развитых и развивающихся странах, по которым имеются данные (по наименее развитым странам данных не имеется).

**Общемировые показатели пользования контрацептивами почти удвоились.** Доля состоящих в официальном или гражданском браке женщин в возрасте от 15 до 49 лет, пользующихся контрацептивами, возросла в более чем 93 процентах стран или районов, по которым имеются данные. Медианный показатель пользования контрацептивами вырос с 30,9 процента в 70-е годы до 61,1 процента в районе 2000 года. Этот рост был еще более резким среди развивающихся стран, в которых медианные показатели возросли с 28,6 процента до 62,6 процента. Более умеренный рост отмечался среди развитых стран, в которых пользование контрацептивами уже находилось на высоком уровне в 70-е годы, и среди наименее развитых стран, где медианный уровень пользования контрацептивами до сих пор составляет лишь 23,1 процента.

**Расширилось также применение современных методов контрацепции.** Существенное увеличение показателей имело место в развивающихся странах, в которых медианный уровень применения современных методов контрацепции возрос с 21,5 процента до 53,0 процента. Среди развитых стран аналогичный показатель вырос с 40,5 процента до 65,0 процента. Однако в большинстве наименее развитых стран применение современных методов контрацепции находится на очень низком уровне, хотя этот уровень и повышается.

**Правительства все большего числа стран выражают недовольство в связи с уровнями рождаемости в их странах.** В 1976 году более половины стран выражали удовлетворение уровнями рождаемости. К 2005 году этот показатель составлял менее 40 процентов. Весьма резкое снижение уровня удовлетворенности наблюдается в развитых странах, особенно в последнее время, и в наименее развитых странах. Страны этой группы имеют различные поводы для неудовлетворенности. Все большая доля развитых стран заявляет о том, что их уровни рождаемости являются слишком низкими, в то время как наименее развитые страны все более беспокоят чрезмерно высокие уровни рождаемости. В развивающихся же странах наблюдается непрерывный рост показателя



удовлетворенности уровнем рождаемости, что частично обусловлено его снижением.

**Правительства все активнее пытаются повлиять на рождаемость.** В 1976 году более половины стран в мире утверждали, что не проводят никакой политики для изменения уровней рождаемости. Каждый раз, когда Организация Объединенных Наций получала от правительств ответы на соответствующий запрос, они свидетельствовали о сокращении этой доли, и в 2005 году менее четверти правительств сообщили о том, что нет никакой политики в целях воздействия на рождаемость. С 1996 года развитые страны стали придерживаться более активного подхода, но их политика направлена на поощрение рождаемости. В отличие от них большинство развивающихся стран по меньшей мере в течение трех десятилетий стараются воздействовать на рождаемость. Что касается наименее развитых стран, то в 1976 году в 80 процентах из них меры по воздействию на рождаемость не принимались, но к 2005 году число этих стран сократилось и составило менее 20 процентов.

**Действия, предпринимаемые правительствами с целью повлиять на рождаемость, хотя и с задержкой, активизируются по мере роста обеспокоенности существующими уровнями рождаемости.** Во всех группах стран с разным уровнем развития процентная доля правительств, сообщающих о том, что уровень рождаемости является чрезмерно высоким, обычно несколько превышает процентную долю правительств, указывающих на то, что они проводят политику в целях снижения уровня рождаемости. Аналогичным образом, процентная доля правительств, сообщающих о том, что уровень рождаемости является слишком низким, превышает процентную долю правительств, которые, по их словам, проводят политику, направленную на повышение уровня рождаемости.

**Среди правительств широкое распространение получила политика, направленная на обеспечение доступа к контрацептивам.** Среди развивающихся стран в 1976–2005 годах наблюдался непрерывный рост процентной доли стран, непосредственно поддерживающих планирование семьи и распространение контрацептивов. По наименее развитым странам этот процентный показатель рос до 1996 года, а затем несколько снизился. Что касается развитых стран, то он время от времени сокращается. Восемьдесят процентов всех развитых стран оказывают либо прямую, либо косвенную поддержку в планировании семьи. В менее развитых регионах увеличивается процентная доля стран, непосредственно или косвенно поддерживающих планирование семьи.

**Политика правительств в отношении доступа к контрацептивам необязательно отражает их мнение относительно уровней рождаемости.** В 2005 году из 36 стран, проводящих политику, направленную на повышение уровней рождаемости, 15 стран напрямую поддерживали применение контрацептивов, 17 стран делали это опосредованно и лишь 4 страны не оказывали никакой поддержки. С другой стороны, из 176 стран, по которым имеются данные за 2005 год, 41 процент сообщили, что уровни

рождаемости у них были слишком высокими, но 92 процента из них прямо или косвенно поддерживают применение контрацептивов. Таким образом, очевидно, что доступ к контрацептивам обеспечивается по иным причинам, не связанным с теми, которые влияют на уровни рождаемости.

## RESUMEN

En el *World Fertility Report 2007*, preparado por la División de Población del Departamento de Asuntos Económicos y Sociales de la Secretaría de las Naciones Unidas, se presenta una recopilación de indicadores básicos de fecundidad, nupcialidad, uso de anticonceptivos y políticas de población en materia de procreación referente a 192 países y principalmente dos períodos: el decenio de 1970 y el último año respecto al cual se dispone de datos. Los datos incluyen los extremos de un período de cambios sin precedentes en la nupcialidad, el uso de anticonceptivos y la fecundidad, que fueron acompañados por cambios sustanciales en las políticas de población. Las conclusiones presentadas en este informe corroboran y amplían las que se presentaron en el *World Fertility Report 2003* (Naciones Unidas, 2004) al considerar una serie más amplia de indicadores y al centrarse en datos más recientes. Asimismo, en el presente informe se documentan las siguientes conclusiones básicas:

**Entre el decenio de 1970 y los primeros años del siglo XXI, la fecundidad disminuyó en todo el mundo y registró tasas y niveles sin precedentes.** La fecundidad total disminuyó en todos salvo en uno de los 132 países respecto de los cuales se dispone de datos sobre ambos períodos. En el período más reciente que abarca el informe, 59 países o regiones registraron una fecundidad total inferior a 2,1 hijos por mujer, que es el nivel necesario para garantizar el reemplazo de las generaciones en poblaciones de baja mortalidad.

**Durante el período examinado, la disminución de la fecundidad fue más notable en los países en desarrollo.** El valor de la mediana de la fecundidad total en los países en desarrollo disminuyó en más de la mitad, de 5,3 hijos por mujer en el decenio de 1970 a 2,5 hijos por mujer a principios de siglo. Durante ese período más de la cuarta parte de los países en desarrollo experimentó disminuciones de la fecundidad de por lo menos 3,0 hijos por mujer.

**En los países de las regiones menos adelantadas los niveles de fecundidad siguieron registrando una amplia gama de valores.** La fecundidad total fue inferior al nivel de reemplazo en 18 de los 71 países o regiones en desarrollo sobre los que se dispone de datos relativos a ambos períodos, pero siguió siendo superior a 4,0 hijos por mujer en 10 países o regiones. Los niveles de fecundidad de los países menos adelantados siguieron siendo considerablemente superiores y no disminuyeron con la misma rapidez que los de los países en desarrollo.

**En los países desarrollados los niveles de fecundidad ya eran relativamente bajos en 1970, pero siguieron bajando.** En los primeros años del siglo XXI, sólo un país desarrollado, Albania, tenía una fecundidad total superior a 2,1 hijos por mujer y sólo otros dos países, Nueva Zelandia y los Estados Unidos de América, tenían niveles superiores a 2,0 hijos por mujer. En 20 países desarrollados, la fecundidad total fue inferior a 1,4 hijos por mujer y no dio señales de reactivación.

**La distribución de la edad media de procreación en los países de todo el mundo experimentó un cambio muy leve.** Sin embargo, hubo grandes diferencias entre los grupos de países considerados en función de su desarrollo. En los países desarrollados, la edad media de procreación

tendió a aumentar bruscamente y se registraron valores que diferían de manera considerable. Entre los países de las regiones menos adelantadas, la edad media de procreación generalmente disminuyó y su variabilidad aumentó. Actualmente las edades medias de procreación en los países desarrollados son tan altas o más que las de los países en desarrollo y los menos adelantados, mientras que en el decenio de 1970 eran considerablemente inferiores.

**La edad media en el momento del primer nacimiento aumentó en un 83% de los países sobre los que se dispone de datos.** Las edades medias en el momento del primer nacimiento se incrementaron en todos los grupos de países —los países desarrollados, en desarrollo y menos adelantados—pero el aumento fue más marcado en los países desarrollados.

**El número y la distribución de personas sin hijos en el mundo cambiaron poco entre el decenio de 1970 y los años próximos al 2000.** Sin embargo, se registraron diferentes niveles y tendencias entre los distintos grupos. El número de mujeres sin hijos de 45 a 49 años de edad aumentó en los países desarrollados pero disminuyó levemente en los países en desarrollo y los menos adelantados.

**La edad de contraer matrimonio aumentó en todo el mundo.** La edad media de las mujeres al contraer matrimonio aumentó en más del 98% de los países sobre los que se dispone de datos, con un incremento de la mediana de 2,0 años. En los países en desarrollo y los menos adelantados, el aumento de la mediana de la edad al contraer matrimonio de las mujeres fue de alrededor de 1,5 años, pero en los países desarrollados éste fue de 7,2 años. La edad media al contraer matrimonio de los hombres fue siempre superior a la de las mujeres y registró tendencias paralelas, aunque la diferencia entre los hombres y las mujeres disminuyó levemente.

**En todo el mundo, las proporciones de mujeres que contrajeron matrimonio entre los 25 y los 29 años de edad disminuyeron.** En el decenio de 1970, más del 85% de las mujeres contrajeron matrimonio entre los 25 y los 29 años de edad. Hacia el año 2000, el porcentaje de mujeres casadas alguna vez entre los 25 y 29 años había disminuido en un 87% de los países sobre los que se dispone de datos hasta el 73%. La disminución fue especialmente marcada en los países desarrollados, donde la mediana porcentual de las mujeres casadas alguna vez entre los 25 y 29 años en el decenio de 1970 fue del 85%, pero había disminuido al 46% a principios de siglo.

**Si bien la edad al contraer matrimonio aumentó, casi todas las personas se casaban tarde o temprano.** En el decenio de 1970 el porcentaje de mujeres en todo el mundo casadas alguna vez entre los 45 y 49 años de edad era levemente superior al 95%. El porcentaje de casadas alguna vez entre los 45 y 49 años disminuyó casi un punto porcentual en las tres décadas posteriores. Los niveles más bajos de mujeres casadas alguna vez entre los 45 y 49 años se registraron en los países desarrollados pero, aún allí, en más de las tres cuartas partes de los países, por lo menos el 89% de las mujeres de 45 a 49 años de edad estaban o habían estado casadas. En todos los países menos adelantados sobre los que se dispone de datos, por lo menos el 96% de las mujeres de 45 a 49 años habían estado casadas.

**El matrimonio pasó a ser una condición cada vez menos necesaria para la procreación.** En 62 países sobre los que se dispone de datos relativos a los nacimientos extramaritales, la mediana porcentual de todos los nacimientos fuera del matrimonio aumentó considerablemente, del 7,1% en el decenio de 1970 al 29,2% a principios de este siglo. El aumento fue similar en los países desarrollados y en desarrollo sobre los que se dispone de datos (no hubo datos relativos a los países menos adelantados).

**El uso de anticonceptivos casi se duplicó en todo el mundo.** El uso de anticonceptivos entre las mujeres de 15 a 49 años de edad casadas o en una unión consensual aumentó en más del 93% de los países o regiones sobre los que hay datos. El valor de la mediana del uso de anticonceptivos aumentó del 30,9% en el decenio de 1970 al 61,1% hacia el año 2000. El aumento fue aún más marcado en los países en desarrollo, cuyos valores de la mediana aumentaron del 28,6% al 62,6%. Los aumentos fueron más limitados en los países desarrollados, donde los niveles de uso de anticonceptivos ya eran elevados en el decenio de 1970, y en los países menos adelantados, donde el valor de la mediana del uso de anticonceptivos siguió siendo de sólo un 23,1%.

**También aumentó el uso de métodos anticonceptivos modernos.** Se registraron aumentos considerables en los países en desarrollo, donde el valor de la mediana del uso de métodos anticonceptivos modernos aumentó del 21,5% al 53,0%. En los países desarrollados, el cambio correspondiente fue del 40,5% al 65,0%. Sin embargo, el uso de métodos anticonceptivos modernos siguió siendo muy bajo en la mayoría de los países menos adelantados, aunque fue en aumento.

**Un número cada vez mayor de gobiernos se sentían insatisfechos con los niveles de fecundidad de su población.** En 1976, mucho más de la mitad de los gobiernos informaron que estaban satisfechos con los niveles de fecundidad de su país. Para 2005, los niveles de satisfacción estaban por debajo del 40%. Se registraron marcadas disminuciones en los niveles de satisfacción de los países desarrollados, en especial recientemente, y de los países menos adelantados. La insatisfacción entre estos grupos de países tenía diferentes motivos. Una proporción creciente de los países desarrollados señalaron que los niveles de fecundidad eran demasiado bajos, mientras que a los gobiernos de los países menos adelantados les preocupaban cada vez más los niveles de fecundidad por ser demasiado elevados. En los países en desarrollo, el grado de satisfacción con los niveles de fecundidad aumentó de forma constante, en parte como resultado del descenso de la fecundidad.

**Los gobiernos participaban cada vez más en el intento de influir en la fecundidad.** En 1976, más de la mitad de los gobiernos del mundo declararon que no tenían políticas encaminadas a modificar los niveles de fecundidad. Ese porcentaje disminuyó cada vez que las Naciones Unidas solicitaron información a los gobiernos y, en 2005, menos de la cuarta parte de éstos declararon que no tenían ninguna política para influir en la fecundidad. Los países desarrollados comenzaron a adoptar una postura más dinámica en 1996, pero sus políticas estaban dirigidas a fomentar la procreación. En cambio, la mayoría de los países en desarrollo tenían políticas dirigidas a influir en la fecundidad desde hacía tres décadas como mínimo. En 1976, casi el 80% de los países

menos adelantados carecían de políticas para influir en la fecundidad, pero para el año 2005 menos del 20% informó que no estaba tratando de influir en los niveles de fecundidad.

**Las políticas gubernamentales para influir en la fecundidad aumentaron paralelamente a las preocupaciones relativas a los niveles de fecundidad existentes, pero se mantuvo cierta diferencia.** En todos los grupos de desarrollo, el porcentaje de gobiernos que informaron que la fecundidad era demasiado elevada fue sistemáticamente un poco más elevado que el porcentaje de gobiernos que informaron que tenían políticas dirigidas a disminuir la fecundidad. Asimismo, entre los gobiernos que informaron que la fecundidad era demasiado baja, los porcentajes de los que informaron que tenían políticas concebidas para aumentar la fecundidad fueron inferiores.

**Las políticas gubernamentales que facilitaban el acceso a los anticonceptivos se convirtieron en práctica usual.** En los países en desarrollo, el porcentaje de países que proporcionaban apoyo directo para la planificación familiar y la distribución de anticonceptivos aumentó de forma continua entre 1976 y 2005. En los países menos adelantados, ese porcentaje aumentó hasta 1996 y luego descendió levemente; en los países desarrollados disminuyó de manera irregular. El 80% de los países desarrollados proporcionaba apoyo directo o indirecto para la planificación familiar. En las regiones menos adelantadas aumentó el porcentaje de gobiernos que apoyaban la planificación familiar, ya fuera directa o indirectamente.

**Las políticas gubernamentales relativas al acceso a los anticonceptivos no estaban necesariamente relacionadas con las opiniones del gobierno acerca de los niveles de fecundidad.** En 2005, de los 36 países que tenían políticas dirigidas a aumentar la fecundidad, 15 prestaban apoyo directo para el acceso a los anticonceptivos, 17 prestaban apoyo indirecto y sólo 4 no proporcionaban apoyo alguno. Desde otro punto de vista, el 41% de los 176 países que disponían de datos relativos a 2005 informó que los niveles de fecundidad eran demasiado altos, pero el 92% de ellos proporcionaba apoyo directo o indirecto para la anticoncepción. Es evidente, por lo tanto, que el acceso a los anticonceptivos se facilita por razones que no se relacionan con el efecto que éstos tienen en los niveles de fecundidad.

## INTRODUCTION

The last decades of the twentieth century witnessed profound and continuing changes in fertility. Between 1970-1980 and 1994-2005, the median level of total fertility in the world fell by half, from 4.6 to 2.3 children per woman and the reduction of fertility was even more marked in some countries or regions. These changes were associated with important changes in social and economic development and have crucial implications for the sustainability of development efforts.

Central to these changes were shifts in the timing of childbearing, in the incidence and prevalence of nuptiality and in the use of contraception. Among developed countries, the mean age at childbearing rose, whereas it declined among developing and the least developed countries. Entry into marriage or some form of union continues to be nearly universal but almost everywhere, men and women are marrying later, thus shortening the time available for childbearing. Contraceptive use has increased substantially in almost all countries and, as the views of Governments regarding the relevance of reducing fertility levels have evolved, their support for family planning programmes has increased compared to the 1970s.

The Population Division of the Department of Economic and Social Affairs has the mandate of increasing the understanding and awareness of Member States and civil society of issues in the field of population and development. Accordingly, it has produced a number of reports on these topics, including the first edition of this series, the World Fertility Report 2003 (United Nations, 2004b). This report aims to complement and supplement previous publications by providing a set of consistent and updated data on various aspects of reproduction, nuptiality, contraceptive use and policies relating to childbearing for most countries of the world.

The data presented in this report have been compiled from civil registration statistics, population censuses and nationally representative sample surveys. Information on national policies has been obtained mainly from the responses of Governments to periodic United Nations inquiries. The basic criterion for inclusion of data is their validity. No attempt has been made to adjust the estimates used for coverage, undercount, underreporting of events, misreporting of age, sampling error or other types of data problems.<sup>1</sup>

The CD-ROM attached to this report contains a set of profiles for each of the 192 countries or areas with at least 100,000 inhabitants in 2000. The tables present data in relation to 21 indicators of fertility, nuptiality, contraceptive use and national policies related to childbearing. The 21 indicators selected convey a picture of reproductive and marital behaviour, some referring to particular periods and others reflecting the experience of cohorts. Data on contraceptive use and on policies relative to childbearing refer to periods.

Because total fertility is the most widely used indicator of fertility, data on total fertility for each country are presented in graphical form. The data available are presented in conjunction with estimates of total fertility from World Population Prospects: The 2006 Revision (United Nations, 2007d), thus allowing a comparison between the two sets.

In each country profile, the data relative to each of the 21 indicators included are presented for two dates, the first being as close to 1970 as possible and the second being the most recent for which data are available. Because the availability of data varies considerably among countries, the reference dates for the earlier data presented actually vary between 1950 and 1985, whereas the reference dates for the most recent data vary from 1986 to 2006.

The tables presenting the country profiles are preceded by an analysis in the report of the main patterns and trends reflected by the changes in the indicators considered. For purposes of the analysis, the

countries of the world have been divided into three groups: developed, developing and least developed. The 44 developed countries include all countries in Europe plus Australia, Canada, Japan, New Zealand and the United States of America. The group of least developed countries includes the 50 countries listed in table 1. They are part of the less developed regions. For the purposes of this report, developing countries include all other countries in the world, that is, all countries in the less developed regions that are not among the least developed. Therefore, the groups of developed, developing and least developed countries cover all countries in the world and are disjoint.

In the analysis of selected indicators, the 192 countries or areas covered by this report are not always included in their totality because, for each indicator, certain countries lack the required data. In addition, in order to assess changes over time the periods actually considered are narrower than those covered by the full data set. Thus, the earlier period is set to cover data with reference dates ranging from 1970 to 1980, whereas the most recent period covers data referring to 1994 or later. These two periods are used because they bracket the period of rapid fertility decline for most developing countries. They were selected in order to maximize the number of countries included in the analysis while at the same time covering, for each country, a span of about 30 years. Occasionally a country having data with a reference date just outside the ranges of the period considered is included in the analysis in order to expand the country coverage for a given indicator. Because these deviations are rare, they are not mentioned explicitly in the analysis. A second reason for excluding countries from the analysis is that, in order to assess trends, data for two periods are necessary. Although the number of countries with data for two points in time is lower than the number with data for just one of the two periods, the countries with data on total fertility for two points in time cover over 90 per cent of the population in each period. Consequently, the conclusions derived from the subset of countries with data for the two periods are reasonably robust.

The data available for each period are typically spread over the period, especially among developing countries and the least developed countries. Thus, fertility data for Mexico refer to the years 1974 and 2000, while fertility data for Mongolia refer to 1973 and 1996. Therefore, the summary measures used for a period, such as the median value for an indicator, do not refer to any particular date within that period. In analyzing change over time, however, the period of observation is controlled for by calculating the average annual pace of change for each country separately.

For the period 1970-1980, 151 countries or areas had data on total fertility and, for the period beginning in 1994, 157 countries or areas did so. Yet, only 132 countries or areas had data for both periods. These 132 countries accounted for 92 per cent of the world population in 1975 and for over 90 per cent of the world population in 2000.

Although an effort was made to consider the same set of countries for every indicator, the availability of data on indicators other than total fertility is usually more limited. Thus, in discussing levels and trends of other indicators, fewer than 132 countries may be considered.

In analysing how the levels and trends of an indicator vary among countries, the shape of the distribution of a set of countries or areas according to the indicator of interest has been summarized using a five-number summary. The five-number summary includes the median, the upper and lower quartiles and the upper and lower extremes of the distribution. The upper and lower extremes are the maximum and minimum values observed for a particular indicator; the lower quartile, the median and the upper quartile are the values of the indicator that divide the distribution into four parts, each with the same number of observations. Consequently, half of the observed values of an indicator fall between the upper and lower quartiles (i.e. the interquartile range) and the median marks the centre of the distribution. Five-number summaries are displayed graphically by using boxplots, where the interquartile range is depicted as a box whose upper and lower limits are the upper and lower quartiles, and the lines that extend above and below



the box have as extremes the maximum and minimum values of the distribution. These diagrammatic depictions of the distributions of indicators by country or area are useful in assessing overall trends.

The following chapters discuss in some detail major trends in different indicators and their interrelationships. The CD-ROM attached to this report contains tables showing individual country profiles and tables where data for each selected indicator are listed for all countries or areas that are included in the present report. The CD-ROM also presents the definitions of the different indicators considered in this report and the sources of the data presented in it.

TABLE 1. LIST OF LEAST DEVELOPED COUNTRIES BY MAJOR AREA

<i>Africa</i>		
Angola	Ethiopia	Rwanda
Benin	Gambia	Sao Tome and Principe
Burkina Faso	Guinea	Senegal
Burundi	Guinea-Bissau	Sierra Leone
Cape Verde	Lesotho	Somalia
Central African Republic	Liberia	Sudan
Chad	Madagascar	Togo
Comoros	Malawi	Uganda
Dem. Republic of the Congo	Mali	United Republic of Tanzania
Djibouti	Mauritania	Zambia
Equatorial Guinea	Mozambique	
Eritrea	Niger	
<i>Asia</i>		
Afghanistan	Lao People's Dem. Republic	
Bangladesh	Maldives	Timor-Leste
Bhutan	Myanmar	Yemen
Cambodia	Nepal	
<i>Latin America and the Caribbean</i>		
	Haiti	
<i>Oceania</i>		
Kiribati*	Solomon Islands	Vanuatu
Samoa	Tuvalu*	

\* Countries with a population of less than 100,000 in 2000.

## NOTE

<sup>1</sup> Most of the data included in the present report and CD-ROM are also available in electronic form on CD-ROM in *World Fertility Data 2006*, *World Marriage Data 2006* and *World Contraceptive Use 2005* (United Nations, 2007b, 2007c, 2006a). In addition, the latest available database on population policies is available from the Internet site of the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, at <http://www.unpopulation.org>.



## I. TRENDS IN TOTAL FERTILITY

### A. FERTILITY LEVELS AND TRENDS BY DEVELOPMENT GROUP

The data presented in this report document how national populations have undergone the fertility transition. Several stages of the fertility transition may be distinguished (United Nations, 2007a), beginning with a pre-transitional stage in which fertility is high (generally above 5.0 children per women) and relatively stable. The next stage is that where fertility begins to fall but the decline is slow, followed by a period of sustained reductions, which has generally led to very low levels of total fertility, usually below 2.0 children per woman. Comparisons between the fertility levels observed during 1970-1980 and 1994-2005 illustrate the various stages of the transition experienced by different countries and are analysed by focusing on the distribution of fertility levels by major area or region using boxplots.

A boxplot is a schematic representation of the distribution of a given set of values. The minimum and maximum values are represented by the endpoints of the plot, whereas the extremes of the box in the middle represent the quartiles of the distribution and the horizontal line within the box represents the median of the distribution. Hence, the length of the box represents the interquartile range. The median is the value that divides the observations in two sets of equal number, the quartiles are values that, in turn, divide each of those sets in two sets of equal number, implying that a quarter of the observations are higher or lower than the upper or lower quartiles, respectively.

In a pre-transition world, where fertility is high and nearly stable in all countries, the boxplots are narrow and the maximum and minimum values of the distribution are not far from the median. Because the decline in fertility typically does not start at the same time in all countries, the start of the transition to lower fertility increases the variability of fertility levels, elongating the range of the distribution and the interquartile range so that the boxplots lengthen, particularly below the median. As the fertility decline proceeds and includes all countries, the distribution narrows again, with the interquartile range decreasing and the whole distribution moving downward to lower fertility levels.

Figure I.1 displays the boxplots of the values of total fertility for all countries of the world having the required data and for the same countries classified by major development group. Boxplots are shown separately for the values referring to 1970-1980 and to 1994-2005. The boxplots show that already in 1970-1980 the world included at least three quite different sets of countries. The group of least developed countries illustrates the pre-transition stage, where fertility was generally high and the distribution fairly narrow. In 1970-1980, three quarters of the least developed countries had total fertility levels at or above 6.0 children per woman. The rest of the developing countries display the distribution typical of an ongoing fertility transition when some countries still display high fertility and others have achieved significant declines, making the distribution become longer and the interquartile range increase. In 1970-1980, half of the developing countries still had fertility levels at or above 5.3 children per woman. Lastly, the developed countries were already far advanced in the transition to low fertility. The interquartile range of the distribution of their total fertility values was very narrow and at least three quarters of them exhibited total fertility levels at or below 2.6 children per woman.

The speed of change and the patterns of increasing and decreasing variability of fertility levels within each of the three development groups for the periods 1970-1980 and 1994-2005 illustrate the broad outlines of the fertility transition. The fastest declines between the two periods occurred among developing countries, many of which were already well into the fertility transition in the 1970s and had reached fairly low fertility levels by 1994-2005. There has also been a moderate fertility decline among some of the least developed countries but most remained in the early stages of the transition. Developed countries, having been already far advanced in the transition to low fertility by the 1970s, have

**Figure I.1. Distribution of total fertility, the world and the development groups**

experienced the slowest declines in fertility since then and are considered to have reached the end of the transition. Their very low levels of fertility, however, are expected to increase somewhat in the future, if only because they are often associated with postponements in the timing of childbearing that are not likely to continue.

### 1. Fertility levels

Figure I.1 displays the boxplots illustrating the level and distribution of total fertility for 132 countries having the required data for both 1970-1980 and 1994-2005 (the group constituting “the world”). In the 1970s, total fertility varied between 1.8 children per woman in Croatia and Finland to 8.5 children per woman in Yemen. Half of the countries considered had total fertility levels between 2.7 and 6.0 children per woman, resulting in an interquartile range of 3.3 children. Their median total fertility was 4.6 children per woman.<sup>1</sup>

Total fertility in 1970-1980 was much lower among the 42 developed countries with data for both periods. The highest level of total fertility among those countries was recorded in Albania, with 5.1 children per woman; the next highest was in Ireland, with 3.9 children per woman. The lowest fertility levels among developed countries were found in Croatia and Finland (1.8 children per woman) and the Czech Republic and Sweden (1.9 children per woman). Half of the developed countries had total fertility levels concentrated in the narrow range of 2.1 to 2.6 children per woman, and median total fertility among developed countries was 2.3 children per woman. At low levels of mortality, a total fertility of 2.1 children per woman or somewhat lower is necessary to ensure that each woman has, on average, a daughter that survives to the age of reproduction and thus ensures the replacement of the population. In

this report, a total fertility of 2.1 children per woman will be used as indicative of replacement-level fertility.<sup>2</sup>

Among the 71 developing countries with data for both periods considered, total fertility for 1970-1980 was generally higher than among the developed countries. Levels ranged from 2.0 children per woman in Macao SAR of China and 2.7 children per woman for Cyprus, Georgia and Uruguay, to 7.5 children per woman in Honduras, Mongolia and the Occupied Palestinian Territory and 7.6 children per woman in Jordan. The median fertility level among developing countries or areas was 5.3 children per woman, and the central half of the distribution ranged from 4.0 to 6.0 children per woman, producing an interquartile range of 2.0 children per woman.<sup>3</sup>

Just 19 of the 50 least developed countries had the relevant fertility data for both 1970-1980 and 1994-2005. Total fertility among these countries was quite high in 1970-1980. The highest fertility was 8.5 children per woman in Yemen, well above the next highest level of 7.7 children per woman in Rwanda. The lowest total fertility among the least developed countries was 5.5 children per woman in Haiti. The central half of the distribution of the least developed countries ranged between 6.0 and 7.1 children per woman, producing an interquartile range of 1.1. Their median fertility was 6.7 children per woman.

## *2. Trends between 1970-1980 and 1994-2005*

By 1994-2005, fertility worldwide had fallen considerably and declines had been registered in all but one of the 132 countries or areas with the requisite data, the exception being French Guiana. The highest total fertility was still that of Yemen, at 6.7 children per woman. The lowest levels were found in Macao SAR of China (0.9 children per woman) and Hong Kong SAR of China (1.0 child per woman). The distribution of fertility levels had become more concentrated, with the interquartile range declining by half, to 1.6 children per woman. The central half of the countries had fertility levels ranging between 1.6 and 3.2 children per woman and median fertility was 2.3 children per woman.

While the maximum levels of total fertility were still high in 1994-2005, all measures indicate a substantial decrease of total fertility between the 1970s and the turn of the century. The median decrease in total fertility was 0.6 children per decade. The most rapid decline was that implied by the data for Algeria, at 2.3 children per woman per decade, and that of Mongolia, at 1.9 children per woman per decade. At the other end of the spectrum, total fertility increased or barely changed in French Guiana and Finland. The central half of all countries experienced reductions averaging between 0.3 and 0.9 children per decade.

In 1994-2005, fertility levels among all but one of the 42 developed countries considered were at or below 2.1 children per woman. Only Albania, with a total fertility at 2.6 children per woman, had fertility above the replacement level. Three quarters of the developed countries had total fertility levels at or below 1.7 children per woman and median fertility for the developed countries was 1.4 children per woman. Sixteen developed countries had total fertility levels ranging from 1.2 to 1.3 children per woman.

The persistence of low fertility among developed countries, especially at levels so low that it cannot assure the replacement of generations and could result in rapid population declines if maintained, is a development not foreseen in the 1970s. The attainment and maintenance of below-replacement fertility has been considered a “second demographic transition”, being associated with several other important changes in family building and social behaviour.

The fastest decline in fertility among developed countries was recorded by Albania, whose total fertility fell by 0.8 children per decade or roughly one child every 12 years. Other developed countries

with reductions in total fertility of at least one child every 25 years were Ireland, Spain, Romania, Portugal, the former Yugoslav Republic of Macedonia, and Bosnia and Herzegovina, listed from the fastest to the slowest decline. Finland, with almost no change in fertility, recorded the slowest decline among developed countries.

In terms of the distribution of total fertility for developed countries, although its maximum value fell rapidly, there was no change in the variability in the central part of the distribution. The interquartile range, which was narrow to begin with, remained unchanged at just under half a child per woman, while the distance between the maximum and the upper quartile dropped as a result of Albania's rapid fertility decline.

The 71 developing countries with data for the two periods considered showed remarkably lower fertility levels in 1994-2005 than in 1970-1980. The median value in 1994-2005 of 2.5 children per woman was only slightly above the median for the developed countries in 1970-1980. In 1994-2005, total fertility among developing countries ranged from 0.9 and 1.0 children per woman in Macao SAR of China and Hong Kong SAR of China, respectively, to 6.1 children per woman in the Occupied Palestinian Territory. Only four developing countries or areas had total fertility above 5.0 children per woman: the Occupied Palestinian Territory, Nigeria, Cameroon and Côte d'Ivoire, by descending level of fertility. The interquartile range of the distribution was 1.1 children, from 2.1 to 3.2 children per woman, having fallen by about half in comparison to the interquartile range in 1970-1980. Furthermore, the difference between the minimum and the lower quartile had also diminished markedly. That is, among developing countries, both the variability of fertility levels and their level decreased over time.

The median decline in total fertility among developing countries was 0.8 children per decade or about one child per woman every 12 years, which was close to the fastest pace of decline recorded among developed countries between 1970-1980 and 1994-2005. Developing countries managed to achieve in about 30 years fertility levels similar to those attained by developed countries over the course of double or triple that time (during periods preceding 1970). Leading the way with rapid declines in total fertility were Algeria and Mongolia, with declines of 2.3 children per woman per decade and 1.9 children per woman per decade, respectively. At the other end of the distribution, French Guiana recorded a slight increase in fertility, while Argentina and Uruguay recorded very slow decreases because their initial fertility levels were already low.

Among the 19 least developed countries with data for both periods considered, fertility levels remained much higher than for the other two groups but, in some least developed countries, fertility fell substantially. As a result, their median fertility in 1994-2005 was almost equal to the minimum for 1970-1980. Myanmar recorded the lowest fertility among the least developed countries (2.6 children per woman), followed by Bangladesh (3.0 children per woman), while the highest fertility was observed in Yemen (6.7 children per woman). The central half of the least developed countries had fertility levels ranging between 4.5 and 5.8 children per woman and, in contrast to the other development groups, the interquartile range increased slightly between the two periods considered, from 1.1 to 1.4 children per woman, indicating that considerable variability in fertility levels still characterizes this group of countries.

Regarding the speed of fertility decline among the least developed countries, Comoros led the way with a drop of 1.4 children per decade, equivalent to a one-child decrease every 7 years. However, in three least developed countries—Haiti, Madagascar and Mozambique—declines were slower than 0.4 of a child per decade.

## B. FERTILITY LEVELS AND TRENDS BY MAJOR GEOGRAPHIC AREA

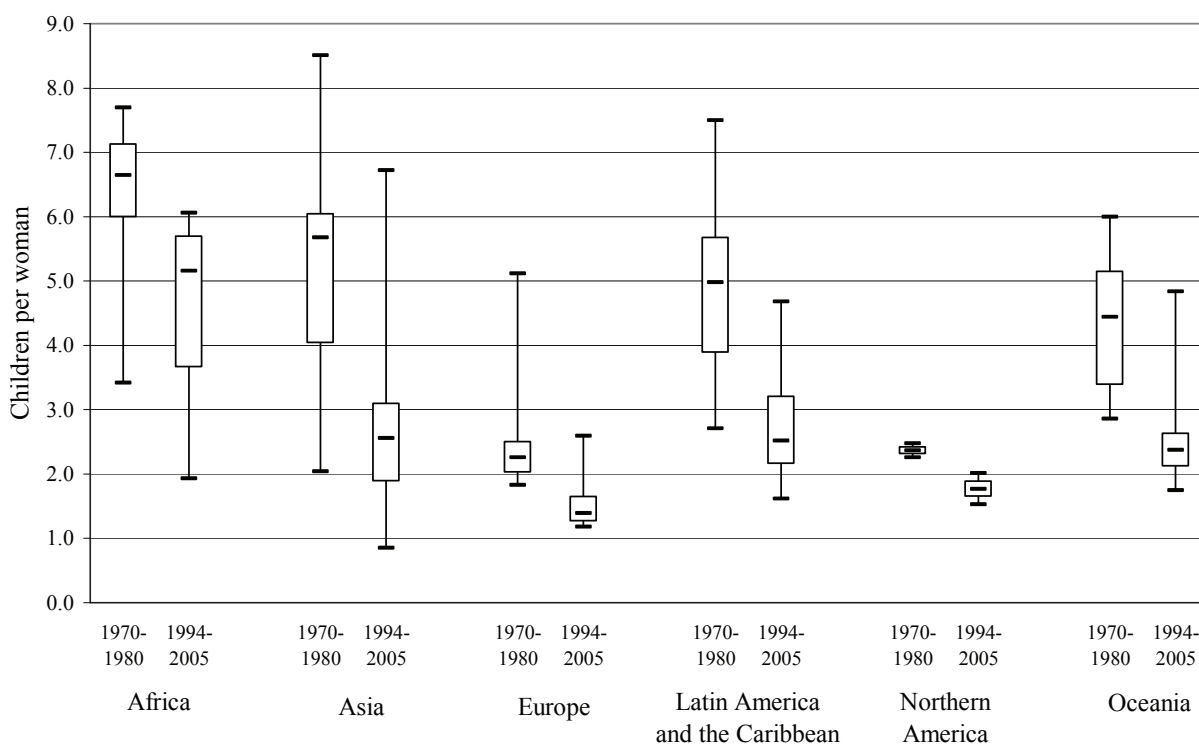
Focusing now on the six major areas of the world (Africa, Asia, Europe, Latin America and the Caribbean, Northern America and Oceania), an examination of their fertility levels and trends between

1970-1980 and 1994-2005 reveals how they have contributed to produce the patterns observed among the major development groups. Fertility fell in all major areas of the world between the two periods considered. The largest and fastest decline occurred in Asia, followed closely by Latin America and the Caribbean. Fertility levels in Africa fell slightly more and slightly faster than in developing Oceania but fertility in many African countries remains high. Lastly, fertility fell less in the countries of Europe and Northern America because the majority of those countries had already reached low fertility levels in the 1970s.

Among the 23 countries or areas in Africa with data relative to both 1970-1980 and 1994-2005, total fertility in the 1970s ranged from 3.4 children per woman in Mauritius to 7.7 children per woman in Rwanda, with Malawi close behind at 7.6 children per woman. The central half of the distribution included countries whose total fertility ranged from 6.0 to 7.1 children per woman (figure I.2), for a quarter of the countries fertility levels ranged from 3.4 to 6.0 children per woman, implying that countries with levels of fertility below 4 children per woman were outliers.

By 1994-2005, the distribution of fertility in Africa had moved to lower levels, but its range was still large: from 1.9 children per woman in Mauritius to 6.1 children per woman in Malawi. Tunisia had achieved the second lowest level at 2.1 children per woman and Ethiopia, Rwanda and Zambia had the second highest at 5.9 children per woman. The central part of the distribution for this period encompassed countries with fertility ranging from 3.7 to 5.7 children per woman. Although all African countries with data had experienced some reduction in fertility between 1970-1980 and 1994-2005,<sup>4</sup> the pace of decline was slow for many of them. Declines were faster in Northern Africa where Algeria's fertility decreased the fastest, by 2.3 children per woman per decade. At the other end of the spectrum, Nigeria recorded a very slow decline averaging just under 0.3 children per woman per decade. As a result of varying paces of

Figure I.2. Distribution of total fertility, major areas





decline, the variability of the distribution of fertility around the median increased markedly: from 1.1 children per woman in 1970-1980 and to 2.0 children per woman in 1994-2005. Such increasing variability is characteristic of the early stage in the transition to lower fertility, when fertility decline has advanced in some countries but not in others.

In Asia, the 35 countries or areas with data for 1970-1980 exhibited total fertility ranging from 2.0 children per woman in Macao SAR of China to 8.5 children per woman in Yemen, the highest recorded fertility in the world during that period. This wide range of variation was indicative of the marked socio-economic and cultural differences existing among countries in Asia. There was also a wide variation around the centre of the distribution, with the interquartile range going from 4.0 to 6.1 children per woman. Thus, in the 1970s, only about a quarter of the 35 Asian countries considered were already far advanced in the transition to low fertility, with the rest still having moderately high or high fertility.

For the period 1994-2005, fertility in the Asian countries with data ranged from 0.9 children per woman in Macao SAR of China to 6.7 children per woman in Yemen. The second lowest fertility level was exhibited by Hong Kong SAR of China at 1.0 child per woman and the second and third highest levels were recorded in the Occupied Palestinian Territory at 6.1 children per woman and in Pakistan at 4.8 children per woman. Half of the Asian countries considered had reached a total fertility below 2.6 children per woman and the central part of the distribution ranged from 1.9 to 3.1 children per woman, implying that it had become considerably narrower than in 1970-1980. Nevertheless, as figure I.2 illustrates, Asia still had in 1995-2004 a number of high fertility countries, which elongated the upper part of the distribution.

All 35 Asian countries or areas with data showed a decline in fertility. Japan, whose fertility was already a low 2.1 children per woman in the 1970s recorded a very slow decline at 0.2 children per woman per decade. Similarly, in Georgia and Israel, fertility declined by just 0.3 children per woman per decade. Fertility levels in both Japan and Georgia are now well below replacement level, but the most recent estimate of total fertility in Israel over the period 1994-2005 was 2.9 children per woman. The most rapid declines among Asian countries occurred in Mongolia (1.9 children per woman per decade) and the Islamic Republic of Iran (1.7 children per woman per decade).

In Latin America and the Caribbean, among the 29 countries with data for both of the periods considered, total fertility ranged from 2.7 children per woman in Uruguay to 7.5 children per woman in Honduras during the 1970s, a range of variation somewhat narrower than that observed among Asian countries over the same period. Similarly to Asia, in three quarters of the countries with data in Latin America and the Caribbean, total fertility was 3.9 children per woman or higher and the central part of the distribution was wide, ranging from 3.9 to 5.7 children per woman. That is, most of the countries in Latin America and the Caribbean were still at the first stages of the transition to lower fertility in the 1970s. Furthermore, Argentina and Puerto Rico, which had the second and third lowest fertility, still had a total fertility of 3.2 children per woman each.

In 1994-2005, total fertility in the 29 countries in Latin America and the Caribbean considered ranged from 1.6 children per woman in Cuba and 4.7 children per woman in Haiti, implying that the distribution had become more compact. The central part of the distribution had also become narrower, with the interquartile range dropping to 1.1 children per woman in 1994-2005 from 1.8 in 1970-1980. Half the countries in Latin America and the Caribbean had a total fertility below 2.5 children per woman. Fertility had declined fastest in Saint Lucia, by 1.3 children per woman per decade. The speed of decline was 1.1 children per woman per decade in Belize, Honduras, Mexico, Peru and the Bolivarian Republic of Venezuela. In French Guiana, recorded fertility levels increased slightly between 1970-1980 and 1994-2005. By the latter period, five countries or areas in Latin America and the Caribbean had below-



replacement fertility: Cuba, Trinidad and Tobago, Puerto Rico, Chile and Martinique, listed according to increasing fertility levels.

The last major area that is partly in the developing world, Oceania, had only six countries with the required data: Australia and New Zealand, both developed countries, and Fiji, Guam, New Caledonia and Papua New Guinea, all developing countries. Australia had the lowest fertility among them, at 2.9 children per woman, and that of New Zealand was also low. Papua New Guinea, in contrast, had the highest, at 6.0 children per woman. Therefore, both the central and the overall range of the distribution for the 1970s were wide. By 1994-2005, Papua New Guinea still had the highest fertility in the group (4.8 children per woman) and Australia had the lowest (1.8 children per woman). Total fertility was under 3.0 children per woman in the other four countries, including 2.5 children per woman in Fiji, 2.7 children per woman in Guam, 2.3 children per woman in New Caledonia and 2.1 children per woman in New Zealand. Between 1970-1980 and 1994-2005, New Caledonia experienced the fastest pace of fertility decline, at 0.9 children per woman per decade. Declines were very slow, of the order of 0.3 children per woman per decade, in Australia and New Zealand because their fertility was already low in 1970-1980.

The countries in Europe and Northern America are all developed. Therefore, already by the 1970s they showed a relatively narrow range of variation in total fertility. Among the 37 countries or areas in Europe with the required data, three quarters had fertility levels below 2.5 children per woman, and the central part of the distribution was very narrow, ranging from 2.0 to 2.5 children per woman. The upper quarter of the distribution was long because one country, Albania, still had a total fertility of 5.1 children per woman. Ireland had the next highest at 3.9 children per woman. By 1994-2005, all countries in Europe had low or very low fertility. Albania still had the highest, at 2.6 children per woman and it was the only country in Europe with fertility above replacement level. Fourteen countries had total fertility levels below 1.3 children per woman, and three recorded levels under 1.2 children per woman (Ukraine, the Czech Republic and Slovakia, from lowest to highest). The length of the interquartile range was only 0.4 children per woman, and half of the countries or areas in Europe had total fertility levels below 1.4 children per woman. Because fertility levels in most European countries were already low in 1970-1980, the pace of change in total fertility was also very slow. Only Albania recorded a rapid decline at 0.8 children per woman per decade. The result of these changes is that fertility levels in European countries, which were already mostly concentrated over a narrow range in 1970-1980, became even more concentrated. The length of the interquartile range fell little, but the difference between the maximum and minimum values fell from 3.3 children per woman to 1.4 children per woman.

The two major countries in Northern America already had low fertility levels in the 1970s, at 2.5 children per woman in the United States and 2.3 children per woman in Canada. By 1994-2005, fertility in Canada had fallen to 1.5 children per woman but in the United States, it had dropped to just below replacement (2.0 children per woman).

### C. FERTILITY LEVELS AND TRENDS IN REGIONS WITHIN MAJOR AREAS

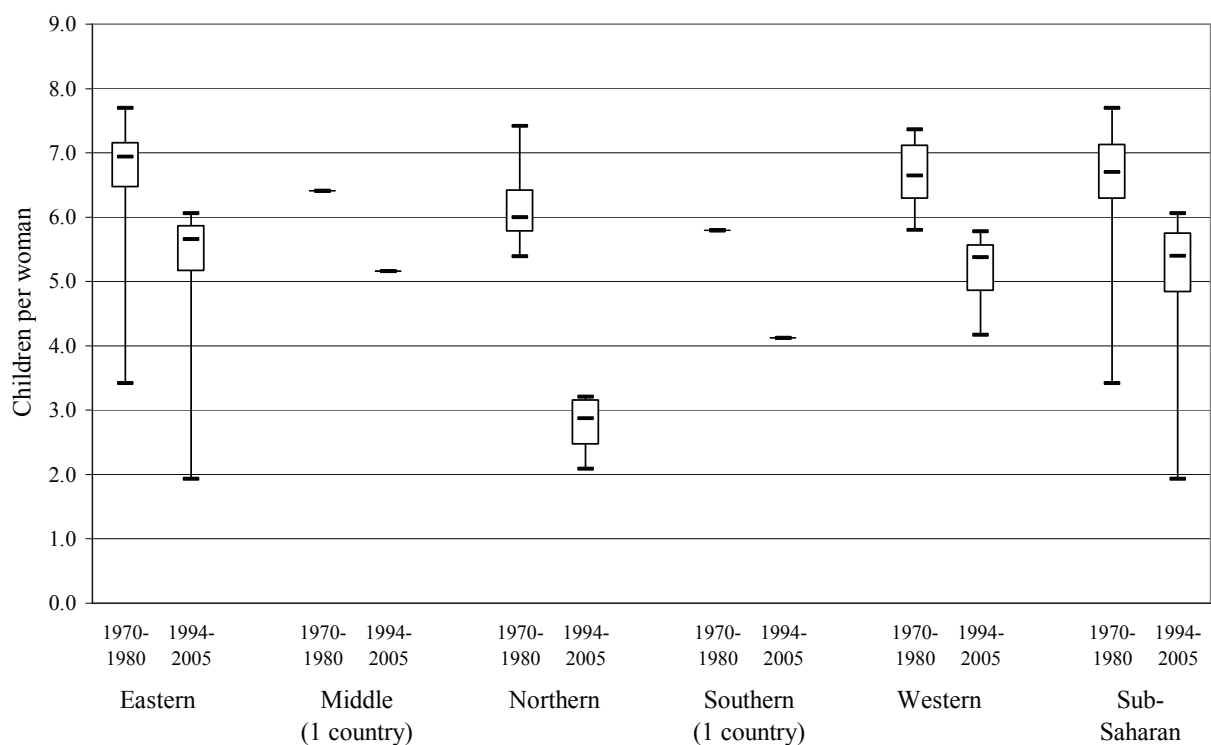
All major areas, except Northern America, can be subdivided into several regions. Describing and analyzing fertility levels at the regional level is useful because one focuses on more homogeneous groups of countries. However, some regions have very few observations, making an analysis of changes in the distribution of fertility levels impossible. Those regions will be disregarded in the analysis below.

In Africa, countries with data for both 1970-1980 and 1994-2005 were: ten in Eastern Africa; one in Middle Africa (Cameroon); four in Northern Africa; one in Southern Africa (Lesotho); and seven in Western Africa. Sub-Saharan Africa includes all regions of Africa except Northern Africa, plus Sudan. Eighteen countries in sub-Saharan Africa had data for both periods.

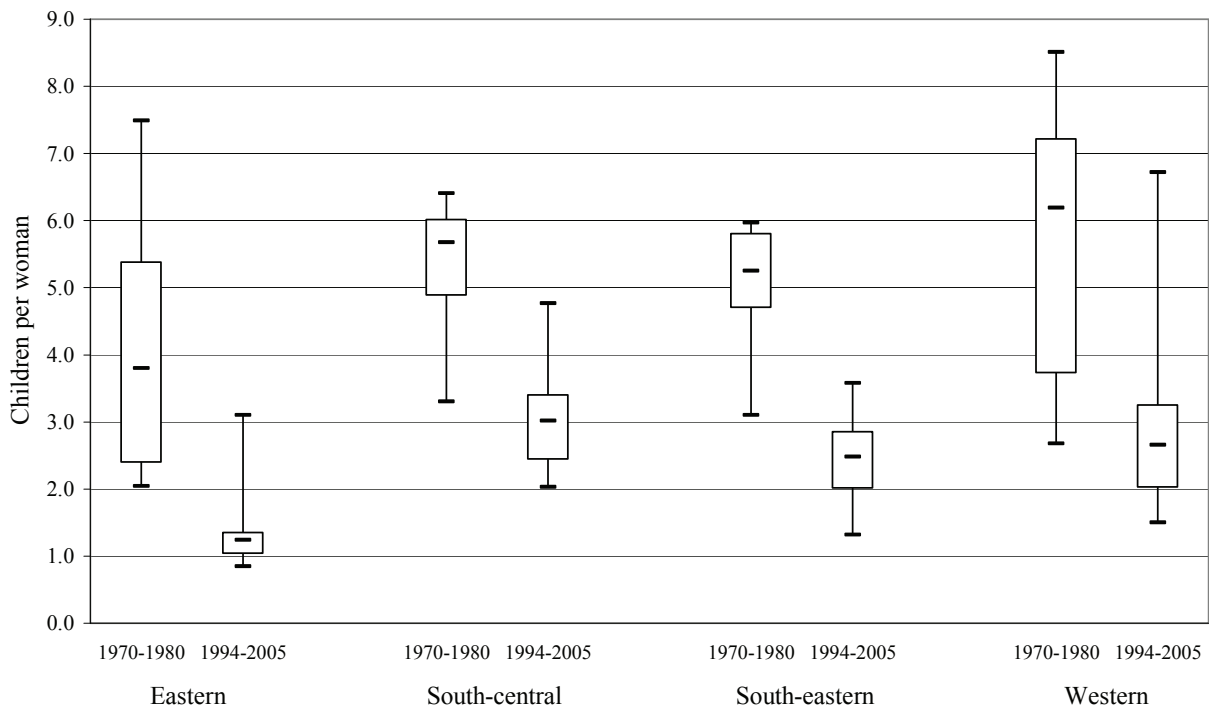
As depicted in figure I.3, the distributions of fertility levels in all regions of Africa with sufficient numbers of countries moved downward between 1970-1980 and 1994-2005, but the most clearcut declines occurred in Northern and Western Africa. In Northern Africa, the median total fertility fell from 6.0 children per woman to 2.9 children per woman, a reduction of 3.1 children per woman and, more importantly, in the most recent period no country in Northern Africa had a total fertility above 3.5 children per woman. The decline in the median was more modest in Western Africa, at 1.3 children per woman, and still in 1994-2005 more than half of the countries considered in that region had a total fertility above 5.0 children per woman. High fertility was also still prevalent in Eastern Africa in 1994-2005, when three quarters of the countries considered in that region had total fertility levels at or above 5.2 children per woman. In 1994-2005, the median fertility in Eastern Africa remained a high 5.7 children per woman.

In Asia, each of its four regions has at least six countries or areas with data for both 1970-1980 and 1994-2005. As figure I.4 shows, all regions experienced a clear reduction of fertility levels, with the range of the distributions of total fertility becoming narrower and moving downward almost in all cases. Furthermore, in no region does the interquartile range for 1994-2005 overlap with that for 1970-1980. The median total fertility declined by 2.6 children per woman in Eastern Asia, 2.7 children per woman in South-central Asia, 2.8 children per woman in South-eastern Asia and 3.5 children per woman in Western Asia. In all four regions, the interquartile range narrowed as total fertility fell. In 1994-2005, total fertility in Eastern Asia was remarkably low, with only one country among the six considered having a total fertility above 2.0 children per woman (Mongolia, with 3.1 children per woman).

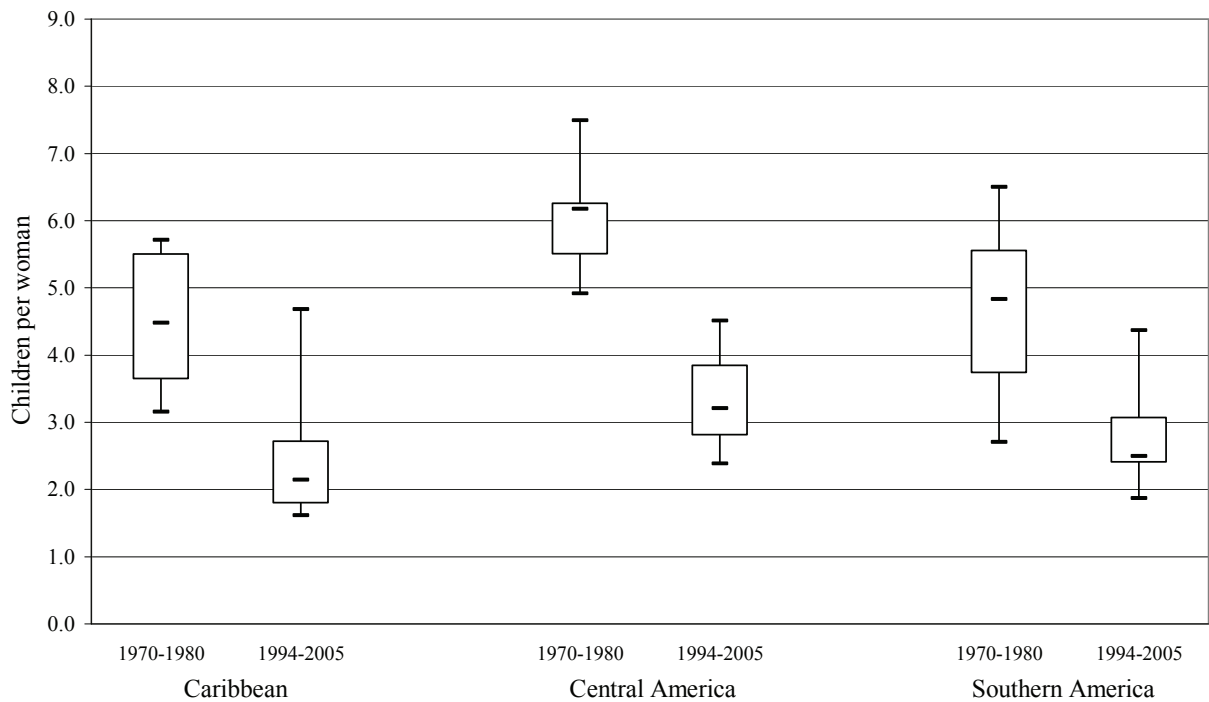
**Figure I.3. Distribution of total fertility, regions of Africa**



**Figure I.4. Distribution of total fertility, regions of Asia**



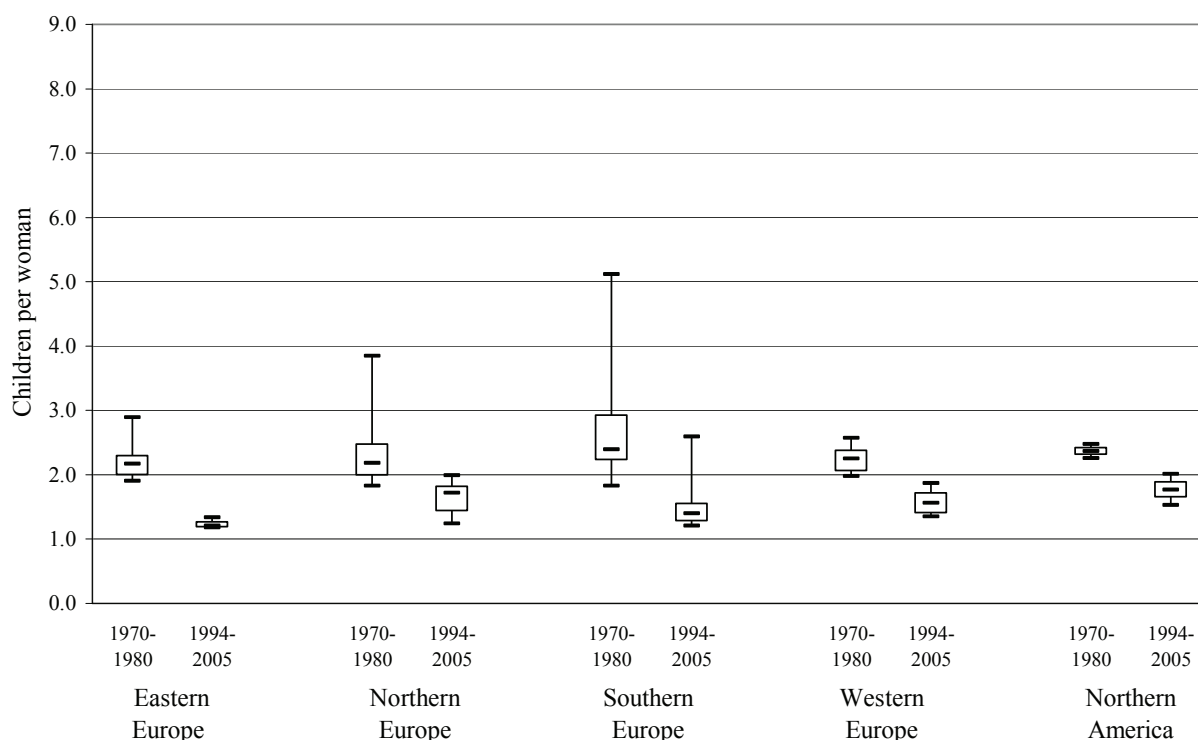
**Figure I.5. Distribution of total fertility, regions of Latin America and the Caribbean**



As in the case of the regions of Asia, the three regions of Latin America and the Caribbean show a clear decline in fertility levels between 1970-1980 and 1994-2005 (figure I.5). The decline was greatest in Central America, with no overlap between the earlier and later distributions of fertility levels. Nevertheless, total fertility is still highest in that region. In 1994-2005, the lowest fertility levels were recorded in the Caribbean countries, whose median was barely above replacement level and where fertility was below 3.0 children for most countries. Only Haiti remained as an outlier, with a total fertility of 4.7 children per woman. In Southern America, the decline of fertility was marked, with three quarters of the countries in the region having fertility at or below 3.1 children per woman in 1994-2005.

In Europe, each region has between seven and eleven countries or areas with data for both 1970-1980 and 1994-2005. Northern America is also depicted in figure I.6 because it is part of the developed world. Figure 1.6 shows that fertility levels in almost all countries of Europe have dropped to very low levels and there is very little variation among them. Only Southern Europe has a distribution extending over a wider range in 1994-2005, solely because Albania's fertility was still a "high" 2.6 children per woman. The interquartile ranges of the distributions by region were very narrow, varying between 0.1 children per woman for Eastern Europe and 0.4 children per woman in Northern Europe. In Northern America the distribution seems to expand in 1994-2005 because the fertility of Canada fell to much lower levels than that of the United States, as noted earlier. The persistence of low fertility levels in Europe is increasingly a cause of concern for Governments. In 2005, 28 of the Governments of European countries considered the fertility levels of their populations to be too low and 22 had adopted policies to raise fertility (see chapter V).

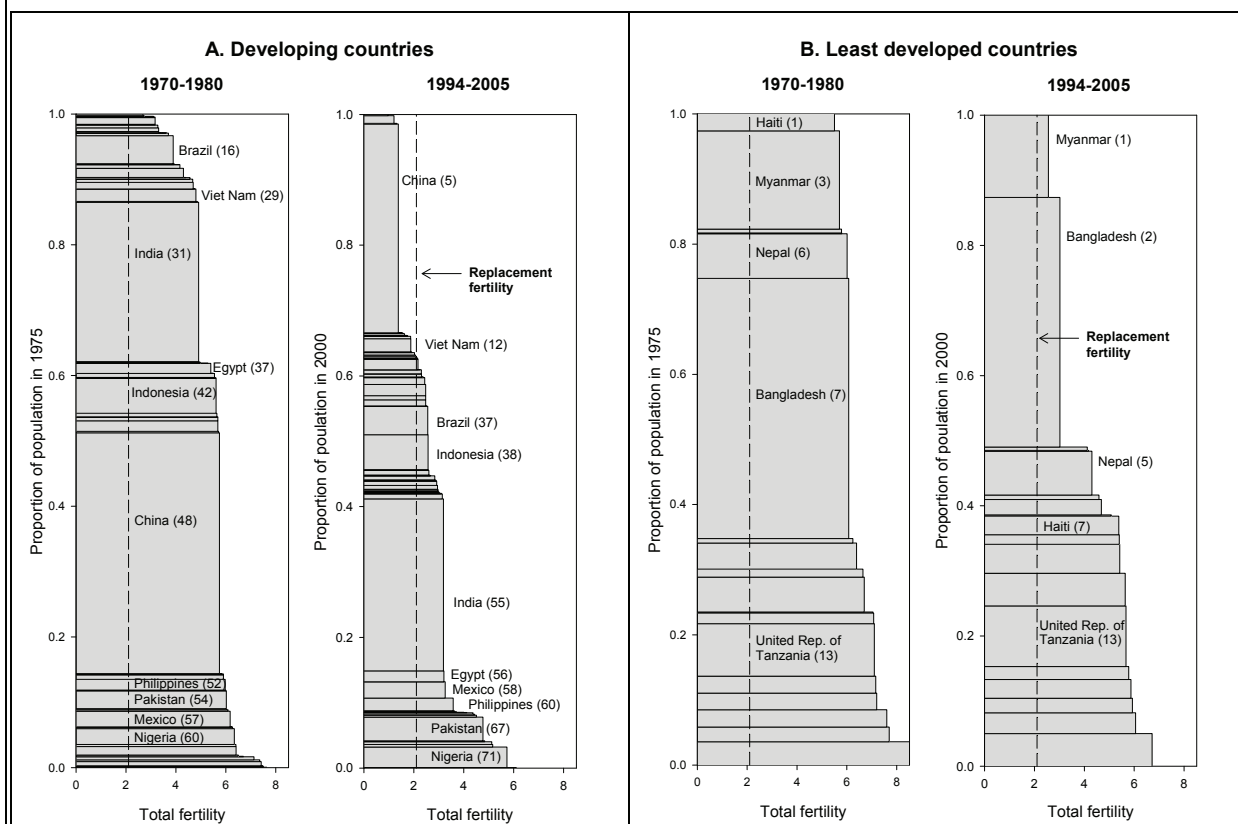
**Figure I.6. Distribution of total fertility, regions of Europe and Northern America**



BOX I.1 FERTILITY LEVELS AND POPULATION SIZE

Figure 1.7 depicts graphically the relation between total fertility and population size. For each group of countries, countries are represented by rectangles whose vertical length is the share of its population among the group and whose horizontal width represents total fertility. Countries are ordered from top to bottom according to increasing fertility levels. The areas of each rectangle can be interpreted as representing roughly a country's relative contribution to the number of births (if the horizontal axis were the crude birth rate, this interpretation would be exact). In the diagrams, the most populous countries are named and their total fertility ranking displayed in parentheses. Total fertility of 2.1 children per woman, taken to represent replacement level, is indicated by the vertical dashed line.

Figure I.7. Distribution of countries by total fertility and population size



NOTE: Based on countries with data available for both time periods. These countries cover 94 per cent of the population of all developing countries and 53 per cent of the population of the least developed countries in 2000.

## BOX I.1. (continued)

As an illustration, in the left-hand diagram of panel A, China's total fertility is 5.7 children per woman and China's population as a proportion of the population of all developing countries depicted in the diagram is 0.37. China's total fertility (shown horizontally) is higher than that of all those countries above it, including Indonesia, India and Brazil. Clearly, in 1970-1980, China accounted for the largest proportion of the total population of developing countries. Thus, during that period, by virtue of its high total fertility and its large population size, China accounted for the highest share of fertility (i.e. births) among developing countries. Although the countries presented below China in the diagram had higher fertility than China, they contributed less to overall fertility because their populations were smaller.

Panel A of figure I.7 shows the situation of 71 developing countries and areas in 1970-1980 and 1994-2005. Between these two periods, fertility declined in nearly all of those countries, as illustrated clearly by the narrowing of the width of rectangles between the first and second diagrams. When a country reduced its fertility comparatively rapidly between the first and second periods, it moved up the column. Thus, China, which ranked forty-eighth in terms of fertility in 1970-1980, moved to fifth place in 1994-2005, owing to the very rapid decline of fertility it experienced. Indonesia, another large developing country, also saw its ranking fall. In contrast, India's ranking increased because, although its fertility fell from 4.9 children per woman to 3.2 children per woman, the fertility of many other developing countries declined faster. Brazil, the largest country in Latin America, also saw its ranking increase. In Africa, Nigeria, the most populous country in the continent, saw its fertility decline from 6.3 children per woman in 1980 to 5.7 children per woman in 2002, but its ranking also increased.

Panel B presents similar diagrams for the 19 least developed countries having the requisite data. Again, the width of most rectangles narrowed from one diagram to the next, especially at the top of the column. Bangladesh, the most populous of the least developed countries with data, saw its rank decline from seventh at the earlier period to second. Only Myanmar achieved lower fertility than Bangladesh in the second period. In contrast, Haiti's rank fell from second to seventh, although Haiti's fertility dropped from 5.5 children per woman in 1975 to 4.7 children per woman in 1998.

## NOTES

<sup>1</sup> The figure would have been higher if countries with data outside the chosen periods or data for only one period had been included. Countries with data for only one period tend to have high fertility.

<sup>2</sup> In countries with relatively high mortality, a total fertility of 2.1 would be below the level needed to achieve the replacement of generations. For instance, replacement level fertility for Eastern Africa has been estimated at 2.94 children per woman (Espenshade, Guzman and Westoff, 2003, p. 575). However, for simplicity, this report uses a total fertility of 2.1 children per woman as the "replacement level", as it would be for the low-mortality countries that typically reach that level.

<sup>3</sup> This number appears to be higher than the difference between the upper and lower quartiles because of rounding. Similar discrepancies arise in other parts of the text and are not the result of error.

<sup>4</sup> Fertility rose in the Democratic Republic of Congo from 6.3 children per woman in 1971 and 6.7 children per woman in 1984. These estimates were not included in the analysis presented here because there are no estimates relative to 1994-2005.

## II. THE TIMING OF CHILDBEARING

There is a complex relationship between the timing of childbearing and total fertility. At high levels of fertility, age at first birth constrains total fertility: the higher the age at first birth, the shorter the total fecund period and hence the lower the potential maximum number of children a woman may have. The second indicator of timing, the mean age at childbearing, is affected by both the age at first birth and total fertility.

During the early stages of the fertility transition, the mean age of childbearing typically declines. Falling fertility levels generally occur in a population because there are fewer higher order births, resulting in a falling mean age at childbearing. However, if the mean age at first birth rises at the same time, the mean age at childbearing may increase although, generally, the changes occurring in the mean age at first birth are not sufficient to counterbalance the effect of stopping childbearing at low parities. In both the developing and the least developed countries, where total fertility has been falling mainly by reducing the number of children women bear over their lives, the mean age at first birth has been rising slowly and the mean age at childbearing has been falling.

In countries where total fertility is low, the mean age at childbearing is highly influenced by the mean age at first birth and by the subsequent spacing of births. Generally, in low fertility countries, if the mean age at first birth rises, the mean age at childbearing also tends to rise. This trend is observed in many developed countries, where total fertility has been low for some time, the mean age at first birth has been rising and the mean age at childbearing has also been increasing.

The prevalence of childlessness can also influence the level of total fertility. If the proportion of women childless rises, total fertility generally declines. Childlessness has been rising among developed countries but falling among the developing and the least developed countries.

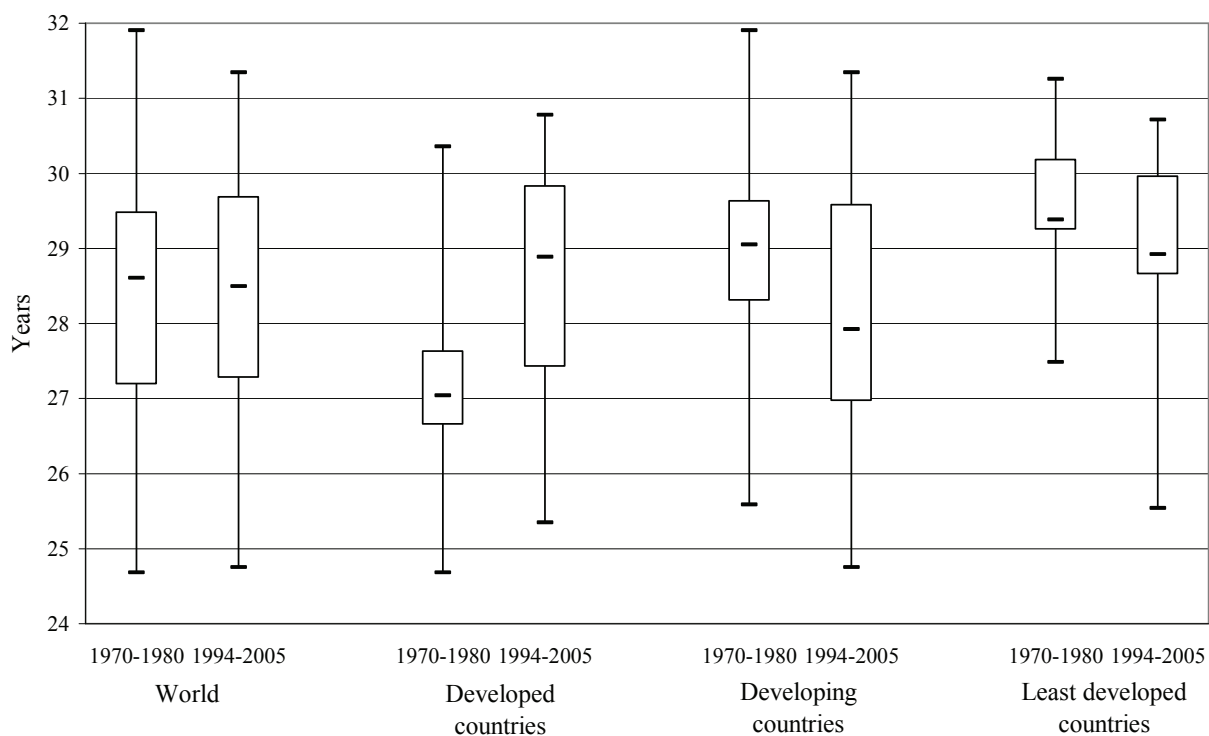
### A. MEAN AGE AT CHILDBEARING

Most countries or areas with data on fertility also have data allowing the calculation of the mean age at childbearing. The boxplots for the 122 countries of the world having estimates of the mean age at childbearing for both 1970-1980 and 1994-2005 show that, at the world level, there has been little change in the distribution of countries by their mean age of childbearing between the two periods (figure II.1). The median of the distribution in 1970-1980 was 28.6 years and that for the distribution in 1994-2005 was 28.5 years. The upper and lower bounds for the middle half of the distribution changed negligibly from one period to the next and the length of the interquartile range remained virtually unchanged (2.3 years vs. 2.4 years). The maximum value declined somewhat from the first to the second period and the minimum increased slightly.

Bulgaria had the lowest mean age at childbearing in 1970-1980 at 24.7 years, while Egypt had the highest at 31.9 years. It was followed closely by Pakistan, at 31.8 years. The large difference between the highest and lowest values of the mean age at childbearing (7.2 years) was produced by the variety of childbearing practices existing in the world in the 1970s. During 1994-2005, Armenia recorded the lowest mean age at childbearing, 24.8 years, followed by Bulgaria, with 25.3 years. Algeria had the highest value, 31.3 years, followed by Ireland and Spain, both with a mean age at childbearing of 30.8 years. Thus, by 1994-2005, the difference between the maximum and the minimum had decreased to 6.5 years.

The stability of the distribution of all countries according to their mean age at childbearing masks the many changes that took place in individual countries. Among the 122 countries considered, 68 recorded a decline in the mean age at childbearing between 1970-1980 and 1994-2005, and 54 recorded an increase.

Figure II.1. Distribution of the mean age at childbearing, the world and the development groups



In Brazil and Mongolia, the mean age at childbearing fell by 0.2 years per annum or faster during the observation period. The pace of change was also fast in some of the countries recording increases. In Bahrain, for instance, the mean age at childbearing rose by 0.15 years per annum

The important changes taking place in the mean age at childbearing are clearer when one focuses on the distributions of countries within development groups (figure II.1). Among the 42 developed countries, the distribution shifted markedly toward higher mean ages at childbearing between 1970-1980 and 1994-2005 and the variability around the median increased. Thus, the interquartile range expanded from 0.9 years in 1970-1980 to 2.4 years in 1994-2005. In 1970-1980, Bulgaria had the lowest mean age at childbearing at 24.7 years and Ireland the highest, at 30.4 years, implying an overall range of 5.7 years. The median was 27.0 years and half of all developed countries had mean ages at childbearing ranging from 26.7 years to 27.6 years. That is, the distribution in 1970-1980 was highly concentrated around the median. By 1994-2005, the median had risen to 28.9 years and the difference between the minimum and maximum mean ages at childbearing had decreased to 5.5 years, with Bulgaria still having the lowest mean age at childbearing (25.3 years) and Ireland and Spain the highest (30.8 years). Nevertheless, the variability around the median had increased, as noted earlier.

Between 1970-1980 and 1994-2005, the mean age at childbearing fell in eight developed countries, with Albania experiencing the largest decline: from 29.8 years to 27.3 years over 31 years, implying a reduction of 0.08 years per annum. In the rest of the developed countries having the required data, the mean age at childbearing rose, though often only slightly. The most rapid increase was registered by Denmark, whose mean age at childbearing rose from 26.8 years to 30.1 years in 34 years, an increase of 0.10 years per annum. The pace of increase was similar in Sweden.



Among the 66 developing countries or areas with data for both periods, the distribution of the mean ages at childbearing shifted downward and, as in the case of developed countries, the variability around the median increased markedly, with the interquartile range doubling, from 1.3 to 2.6 years. In addition, the difference between the maximum and the minimum values of the mean age at childbearing increased somewhat from 6.3 years in 1970-1980 to 6.5 years in 1994-2005, and the median declined, from 29.1 years to 27.9 years. In 1970-1980, Egypt recorded the highest mean age at childbearing among developing countries, at 31.9 years, and Bahrain recorded the lowest, at 25.6 years. In 1994-2005, Algeria had the highest (31.3 years) and Armenia the lowest (24.8 years).

Between 1970-1980 and the latest period, the mean age at childbearing rose in 17 of the 66 developing countries or areas considered and declined in all the others. The fastest increase was recorded by Bahrain, where the mean age at childbearing rose from 25.6 years in 1971 to 30.0 years in 2000, implying a gain of 0.15 years per annum. The fastest reduction was experienced by Brazil, whose mean age at childbearing fell at a pace of 0.20 years per annum.

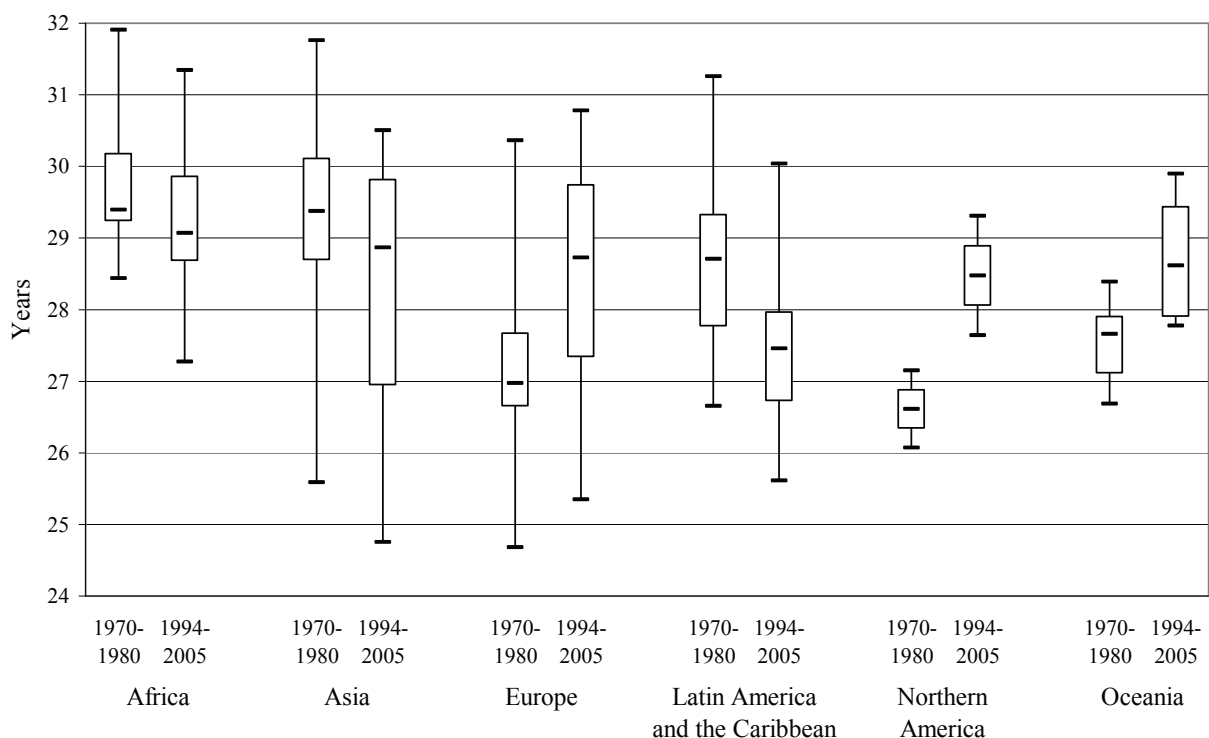
Among the 14 least developed countries having the required data, the distribution of the mean age at childbearing also shifted downward between 1970-1980 and 1994-2005, and the variability around the median increased slightly, with the length of the interquartile range passing from 0.9 to 1.3 years. In 1970-1980, Bangladesh had the lowest mean age at childbearing, at 27.5 years, and it was followed by Nepal, with 29.0 years. Haiti had the highest value, at 31.3 years, followed by Yemen (30.4 years). The central half of the least developed countries had mean ages at childbearing ranging from 29.3 to 30.2 years. In 1994-2005, Bangladesh still had the lowest mean age at childbearing (25.5 years), produced by a decline in total fertility since its mean age at first birth was rising. Nepal had the second lowest mean age at childbearing, at 27.3 years. Mauritania, whose mean age at childbearing had risen from 29.3 in 1979 to 30.7 in 2001, had the highest. In 1994-2005, the central half of the least developed countries had mean ages at childbearing ranging from 28.7 to 30.0 years. Between 1970-1980 and 1994-2005, the mean age at childbearing fell in all but three of the 14 least developed countries considered. Nepal recorded the fastest decline, averaging 0.07 years per annum. Among the three least developed countries experiencing an increase in the mean age at childbearing, Mauritania recorded the fastest, at 0.07 years per annum.

The greater prevalence of declines in the mean age at childbearing among the developing and the least developed countries when compared with the developed countries can be explained by the effects of the transition to lower fertility: when women have fewer children, their births get compressed over a shorter period within their reproductive lives and the mean age at childbearing tends to decrease. In developed countries, that transition was largely over by the 1970s and increases in the mean age at childbearing stem not from a compression of the childbearing period but from a postponement of childbearing.

The differences in trends between developed countries and other countries is also clear when we consider the distributions of the mean age at childbearing for countries in the major areas. Whereas the distributions for the major areas belonging to the developed world, namely Europe and Northern America, move upward between 1970-1980 to 1994-2005, those of the major areas in the developing world tend to move downward (figure II.2). The main exception is Oceania, which in this case includes only five countries: Australia, Fiji, Guam, New Caledonia and New Zealand. The mean age at childbearing rose in all of them except Fiji, and the increases in Guam and New Caledonia were smaller than those recorded by Australia and New Zealand.

Among the major areas in the developing world, the countries of Latin America and the Caribbean show the clearest change toward lower mean ages at childbearing, with three quarters of them recording mean ages below 28 years in 1994-2005. In Asia, major differences among populations became accentuated during 1994-2005, as some Asian countries advanced more rapidly in the transition to low

Figure II.2. Distribution of the mean age at childbearing, major areas



fertility than others. This heterogeneity is reflected in the marked increase in the variability of the mean age at childbearing around the median, which characterizes the distribution for Asia in 1994-2005. In Africa, the mean ages at childbearing changed less than in Asia or Latin America and the Caribbean and remain relatively high, with a median of 29.1 years and a maximum of 31.3 years.

In sum, between 1970-1980 and 1994-2005, the mean age at childbearing tended to rise among the developed countries and to fall among the developing countries and the least developed countries. Among the latter, the trends observed were related to the decline of total fertility and, more specifically, the reduction of births of higher orders to older women. Among developed countries, rises in the mean age at childbearing were mainly driven by the increasing mean age at first birth.

## B. MEAN AGE AT FIRST BIRTH

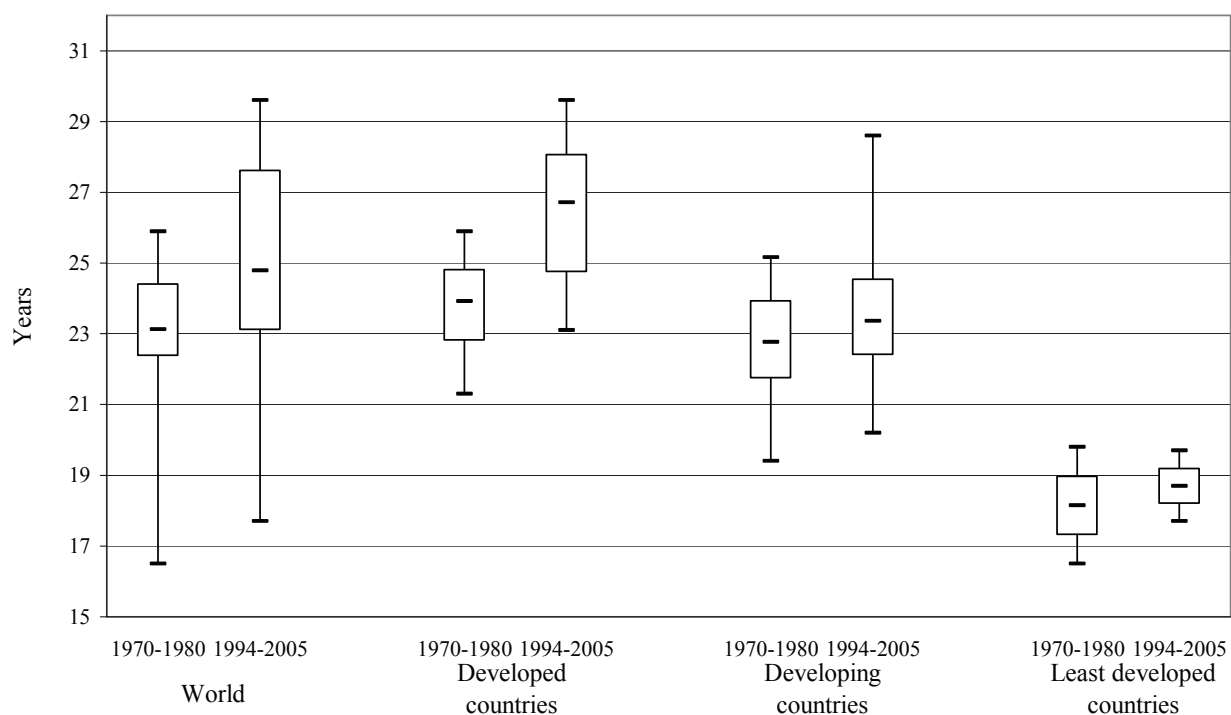
Only 60 countries or areas had data on the mean age at first birth for 1970-1980 and 1994-2005, far fewer than the 122 with data on the mean age at childbearing. The data on the mean age at first birth are particularly scarce among developing countries (just 26 had them) and among the least developed countries (only two had the data required). Furthermore, in some countries the data available are not strictly comparable with those of other countries. For example, some countries report the mean age at first birth within the current marriage (e.g., Bulgaria), while others report the median age at first birth for women aged 25-29 at the time of a survey (e.g., Bangladesh and Guatemala). The median age at first birth is generally lower than the mean age. These deviations from the best approach in reporting the mean age at first birth are noted in the individual country profiles and data tables presented in the CD-ROM

attached to this report but, for the purposes of this analysis, all data are included and treated as if they represented the mean age at first birth.

In 1970-1980, the mean age at first birth for all 60 countries or areas with data for both periods was spread out over a wide range, extending over more than ten years (figure II.3). Bangladesh reported the lowest value, 16.5 years (representing the median age at first birth in this case), almost three years lower than the second lowest. Sweden reported the highest mean age at first birth, 25.9 years. The central half of the countries considered had mean ages at first birth ranging from 22.4 to 24.4 years. By 1994-2005, the whole distribution had shifted upward and the variability around the median had increased markedly: the length of the interquartile interval had expanded from 2.0 to 4.5 years. Once more, Bangladesh had the lowest value, 17.7 years, which nevertheless showed an increase with respect to the earlier period. The second lowest value (representing the median age at first birth) belonged to Nepal (19.7 years). The highest mean ages at first birth belonged to New Zealand (29.6 years) and Spain (29.1 years).

The mean age at first birth rose in most countries but in several it did not change much and in three—Chile, Israel and Peru—the mean age at first birth declined by at least 0.2 years between the earlier and the most recent dates.<sup>1</sup> The fastest decline was recorded by Israel, where the mean age at first birth fell by 0.05 years per annum. At the other end of the spectrum, the mean age at first birth rose fastest in New Zealand, by 0.20 years per annum.

**Figure II.3. Distribution of the mean age at first birth, the world and the development groups**



Among the 32 developed countries with data, the mean ages at first birth ranged from 21.3 years in Iceland to 25.9 years in Japan and Sweden during 1970-1980. The central half of the developed countries or areas considered had mean ages at first birth ranging from 22.8 to 24.8 years. By 1994-2005, the distribution of the mean age at first birth of developed countries had shifted upward to older ages. The median had increased from 23.9 years in 1970-1980 to 26.7 years in 1994-2005, and the variability around the median had increased, with the length of the interquartile range rising from 2.0 to 3.4 years. None of the 32 developed countries considered showed a decrease in the mean age at first birth.

The distribution of the mean age at first birth of the 26 developing countries with the required data also shifted upward between 1970-1980 and 1994-2005. The median age rose from 22.8 to 23.4 years and the length of the interquartile range narrowed slightly, from 2.2 to 2.1 years. In 1970-1980, Hong Kong SAR of China and the Republic of Korea had the highest mean age at first birth: 25.2 years. Indonesia had the lowest, at 19.4 years. The central half of the developing countries considered had mean ages at first birth ranging from 21.7 to 23.9 years. By 1994-2005, Cyprus had the highest mean age at first birth, at 28.6 years, and three other countries or areas—Hong Kong SAR of China, Macao SAR of China and Singapore—had mean ages at first birth higher than 28 years. The fastest increase in the mean age at first birth was observed in Jordan, which recorded a rise of almost 0.20 years per annum.

Bangladesh and Nepal were the only two least developed countries with the required data. In Nepal, the median age at first birth did not change much between the earlier and the later dates: 19.8 and 19.7 years, respectively. In Bangladesh, the median age at first birth increased from 16.5 years in 1975-1976 to 17.7 years in 2004 but it remained the lowest in the world. Nevertheless, total fertility in Bangladesh also appeared to be low—3.0 children per woman—and the country had the lowest mean age at childbearing among all least developed countries, indicating that women in Bangladesh were being successful in avoiding higher order pregnancies even if they were still young at the time they reached their desired number of children.

To sum up, the mean age at first birth has been rising in most countries having the required data. The increase has been especially rapid among the developed countries where the postponement of childbearing has been marked and is partly responsible for the decline of total fertility to very low levels. The increase in the mean age at first birth has been less marked in developing countries. As a result, differences in the timing of first births between the developed countries and other countries have grown. The mean age at first birth is particularly low in the two least developed countries with data, implying that women in those countries continue to become mothers very early in life.

### C. CHILDLESSNESS

Until the 1950s, in most countries, childlessness within marriage was almost entirely involuntary and, consequently, the overall level of childlessness among women depended mostly on the proportion who had never been married. This association has been weakening, especially in developed countries where other factors, including the increasing educational and employment levels of women, have resulted in rising levels of voluntary childlessness even within marriage.<sup>2</sup>

For the purposes of this report, childlessness is measured as the percentage of women aged 45-49 who have never borne a live child. Assuming the data are not affected by reporting errors, levels of childlessness outside the range of 1 per cent to 3 per cent, which is considered to reflect the effects of primary infertility,<sup>3</sup> can be due to infertility caused by disease, postponement of childbearing to ages where fecundity is low or to conscious decisions not to have children. Frequent and prolonged separation of spouses, such as that caused by lengthy periods of employment far from home, can also be a factor leading to higher levels of childlessness. Levels of childlessness may be under-reported, especially by women who have adopted children or have foster children under their care.

Very few countries have the required data on childlessness among women aged 45-49 for both 1970-1980 and 1994-2005: 37 in all, five of which were developed countries. The distribution of all countries shifted downward between 1970-1980 and 1994-2005. Among the 37 countries considered, the percentage childless declined in all but 11, which included four of the five developed countries. The range of variation of the percentage childless was and has remained large (figure II.4). In 1970-1980, the percentage childless varied from 1.6 per cent in Thailand and the former Yugoslav Republic of Macedonia to 17.6 per cent in Uruguay, closely followed by the Central African Republic with 17.0 per cent childless. In 1994-2005, reported percentages childless ranged from 1.4 per cent in Bangladesh to 17.1 per cent in Luxembourg. The length of the interquartile range declined somewhat between 1970-1980 and 1994-2005: from 6.1 to 4.8 percentage points. In 1970-1980, the central half of the 37 countries with data had proportions childless ranging from 3.8 per cent to 9.9 per cent. The equivalent range in 1994-2005 was from 3.6 per cent to 8.4 per cent.

Among the 11 countries where the percentage childless increased, the fastest rises occurred in Australia (a rise of 2.8 percentage points per decade) and Jordan (a rise of 2.5 percentage points per decade). Among the rest of the countries, the fastest declines in the percentage childless were recorded by the Central African Republic (a reduction of 4.3 percentage points per decade) and Mozambique (a reduction of 4.0 percentage points per decade). In African countries, reductions in childlessness have been mostly brought about by the successful treatment of sexually transmitted infections, which were a major cause of infertility in the 1970s and earlier decades.

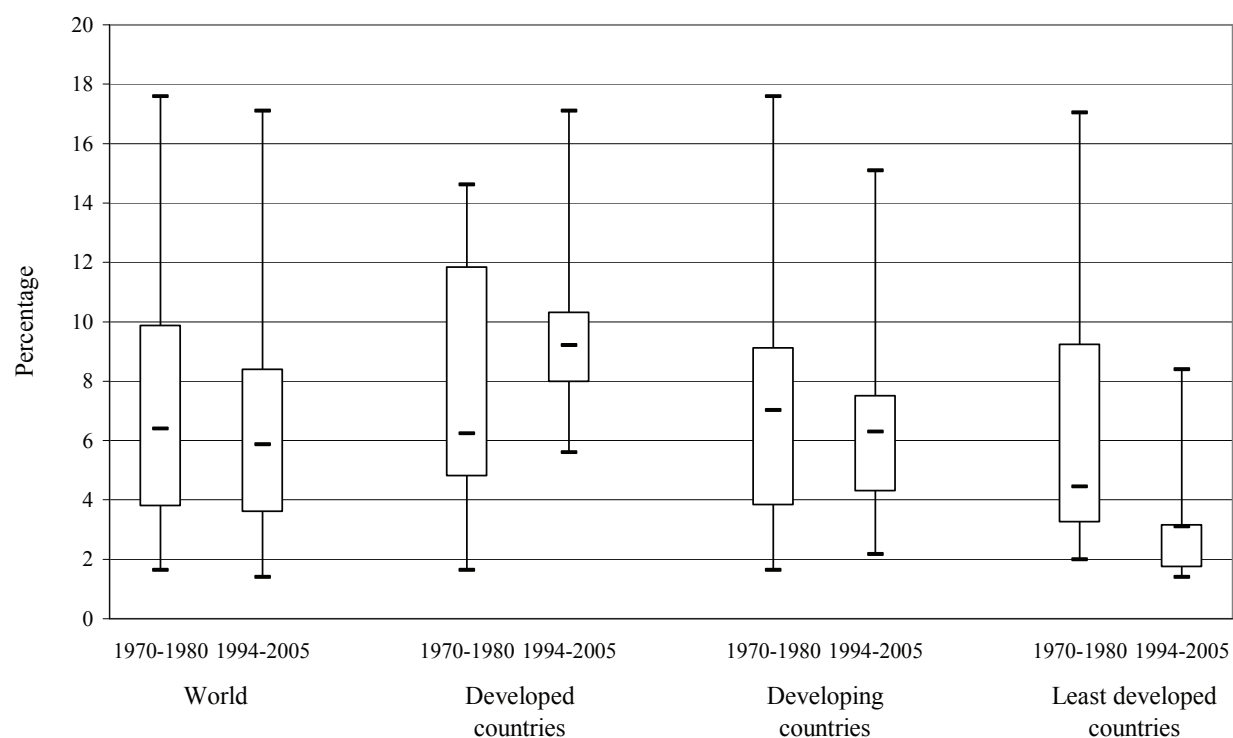
Among the five developed countries with the required data, four showed rising percentages of childlessness among women aged 45-49. Only in Hungary did the percentage childless decline: from 14.6 per cent in 1970 to 8.0 per cent in 2001. The median percentage childless among the five developed countries considered rose from 6.2 per cent to 9.2 per cent.

Among the 25 developing countries with data on childlessness for both 1970-1980 and 1994-2005, in 18 the percentage childless declined between the two periods. As a result, the median of the distribution fell from 7.0 per cent in 1970-1980 to 6.3 per cent in 1994-2005. The length of the interquartile range dropped from 5.3 to 3.2 percentage points, implying that the more recent estimates show less variability around the median. The overall range of the distribution also contracted. In 1970-1980, the percentage childless ranged from 1.6 per cent childless in Thailand to 17.6 per cent in Uruguay; in 1994-2005, it ranged from 2.2 per cent in the Republic of Korea to 15.1 per cent in the Netherlands Antilles. Uruguay showed the fastest decline in the percentage childless, which fell from 17.6 per cent in 1975 to 11.1 per cent in 1996, and Jordan recorded the fastest increase, from 2.3 per cent in 1976 to 8.8 per cent in 2002.

Among the seven least developed countries with the required data, the percentage childless ranged from 2.0 per cent in Rwanda to 17.0 per cent in the Central African Republic during 1970-1980, but levels of childlessness dropped markedly in all countries. By 1994-2005, all these countries had percentages childless under 3.5 per cent, with the exception of the Central African Republic, where childlessness was 8.4 per cent. Bangladesh and Rwanda exhibited very low levels of childlessness, at 1.4 per cent and 1.5 per cent, respectively. In 1994-2005, the median level of childlessness among the seven least developed countries was 3.1 per cent, lower than the median levels in other development groups. Among the least developed countries, the decline in childlessness was especially steep in the Central African Republic, where the percentage childless fell from 17.0 per cent to 8.4 per cent in 20 years.

To sum up, the data on childlessness among women aged 45-49 indicate that, whereas childlessness has risen in developed countries (in four of the five with data available), it has been declining in the majority of developing and least developed countries. Among the latter, the decline in childlessness is related to the successful treatment and prevention of sexually transmitted infections that caused infertility

**Figure II.4. Distribution of the percentage childless among women aged 45-49, the world and the development groups**



in earlier decades. Among developing countries, some have shown an increase in childlessness that is probably driven mainly by the postponement of marriage and childbearing. In developed countries, voluntary childlessness is the most likely explanation for increases in the percentage childless.

#### NOTES

<sup>1</sup> In addition, in Mexico the value shown for 1972 is higher than that for 1997. However, the values available are not comparable because the one for 1972 refers to the mean age at first birth and the one for 1997 refers to the median age at first birth.

<sup>2</sup> For a summary of levels of childlessness and the factors determining them in low-fertility countries, see United Nations, 2003, pp. 64-74.

<sup>3</sup> Louis Henry estimated that about 3 per cent of couples are sterile from the beginning of the reproductive period (Henry, 1965, cited in Bongaarts and Potter, 1983). However, percentages childless after seven years of marriage, a measure of primary infertility, have been as low as 1 per cent in countries of sub-Saharan Africa (Larsen, 2000). The World Fertility Surveys conducted in the 1970s and early 1980s found levels of childlessness among women married at least five years ranging from 1 per cent to 2 per cent in some developing countries in Asia and Latin America (Vaessen, 1984).



### III. NUPTIALITY AND FERTILITY

When nearly all births occur within marriage, the timing of marriage is a key determinant of the age at first birth and hence of the effective length of the reproductive period and of total fertility. In this report, the singulate mean age at marriage (SMAM) is used to assess the timing of marriage together with the percentage of ever married women at ages 25-29 and 45-49. Even in societies where the number of births occurring outside marriage has been significant or has been increasing, age at marriage is still an important determinant of total fertility and must be considered as part of the factors affecting fertility.<sup>1</sup>

Levels and trends in nuptiality may be affected by the way marriage is defined and measured in different data sources and, in particular, by whether the data refer only to formal (legal) marriages or they include consensual unions as well. In analyses of fertility and its determinants, consensual unions are usually considered as a form of informal marriage and are included in its measurement. To the extent possible, that practice is followed in this report. Sample surveys and censuses conducted in societies where consensual unions are common generally record separately consensual unions under the item referring to marital status. Thus, the censuses of most countries in Africa, the Caribbean and Latin America record information on consensual unions. That is not the case, however, in developed countries, where the practice of cohabiting before marriage or instead of marriage has become more common and censuses do not provide an appropriate category to report those unions under the overall reporting of marital status (see United Nations, 1990). In such cases, data that refer only to legal marriage seriously understate the actual proportions of men and women who are in a union and may lead to erroneous conclusions when compared with data from countries that include consensual unions.<sup>2</sup>

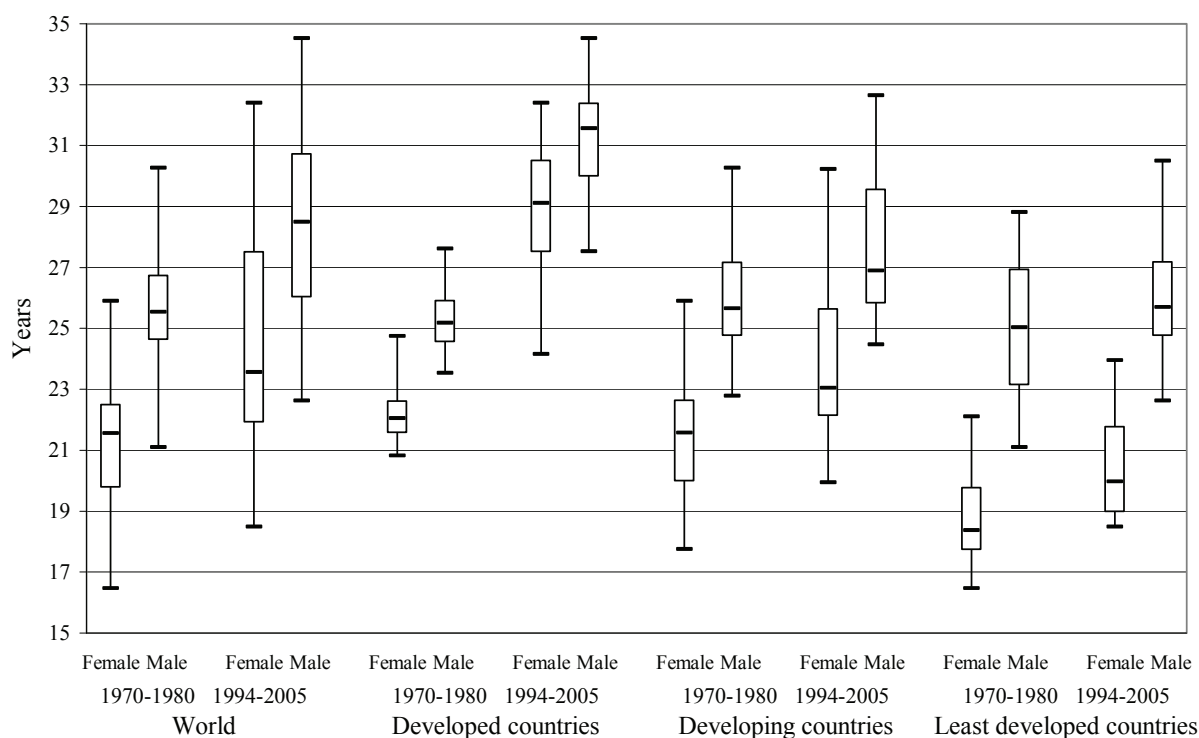
#### A. THE SINGULATE MEAN AGE AT MARRIAGE

Because many countries lack data on the number of marriages registered every year and civil registration only provides information on formal marriages, information on the prevalence of marriage is usually derived from censuses or surveys. In order to assess the average age at marriage in a population, a measure called the singulate mean age at marriage or SMAM is calculated from the proportions of single persons in different age groups. The SMAM represents the average length of single life among persons aged 15 to 49. The SMAM can be measured for men and women separately.

Data allowing the calculation of SMAM for two points in time within the periods 1970-1980 and 1994-2005 were available for 93 countries or areas. Between those two periods, the distributions of both the female and the male SMAMs shifted upward and variability around the median increased. For the female SMAMs, the median rose from 21.6 to 23.6 years and the length of the interquartile range passed from 2.7 years to 5.6 years (figure III.1). Between 1970-1980 and 1994-2005, the female SMAM rose in 91 of the 93 countries considered and fell in only two. Among the 91 countries where the female SMAM rose, the fastest increase was recorded in the Libyan Arab Jamahiriya, where the SMAM gained an average of 4.7 years per decade from 1973 to 1995.

In 1970-1980, women in French Polynesia and South Africa had the highest SMAM, at 25.9 years. They were followed closely by Botswana, with 25.0 years. The Netherlands Antilles came next, with a female SMAM of 24.9 years. The lowest female SMAM was reported in Bangladesh (16.5 years). Half the countries or areas with data had female SMAMs ranging from 19.8 to 22.5 years (figure III.1). By 1994-2005, the highest female SMAM had surpassed 31 years: in Sweden (32.4 years) and in Norway (31.6 years). The lowest female SMAM was found in Mali (18.5 years), followed closely by Bangladesh and Mozambique (each having a female SMAM of 18.7 years).

**Figure III.1. Distribution of the singulate mean age at marriage for women and men, the world and the development groups**



Among the 25 developed countries having the required data, the distribution of the female SMAM changed markedly: from a very tight distribution in 1970-1980 (with an interquartile range having a length of 1.0 year) to a distribution covering a much wider range, having considerably higher values and more variability (an interquartile range measuring 3.0 years in length). In 1994-2005, only one developed country had a female SMAM below the highest value recorded in 1970-1980 (24.7 years in Japan) and the median of the distribution had increased by 7.1 years between 1970-1980 and 1994-2005. The increases in the SMAM recorded between the 1970-1980 and 1994-2005 were especially notable because prior to the 1970s, age at first marriage in most of Europe, Australia and the United States had been declining for several decades.

Among the 51 developing countries or areas with data, the distribution of the female SMAMs also shifted upward and its variability increased between 1970-1980 and 1994-2005, though less markedly than among developed countries. Thus, the median increased from 21.6 years to 23.1 years and the length of the interquartile range expanded from 2.6 to 3.5 years. In 1970-1980, the lowest female SMAM was registered in India, at 17.8 years, and the highest in French Polynesia and in South Africa (25.9 years).

Female SMAMs were substantially lower among the 17 least developed countries having the required data. In 1970-1980, the median female SMAM in the least developed countries was 18.4 years and the female SMAMs ranged from a low of 16.5 years in Bangladesh to a high of 22.1 years in Samoa. The central half of those least developed countries had female SMAMs ranging from 17.7 to 19.8 years. As in other development groups, the distribution of the female SMAMs for the least developed countries shifted upward between 1970-1980 and 1994-2005, with the median rising by 1.6 years (from 18.4 to 20.0 years)

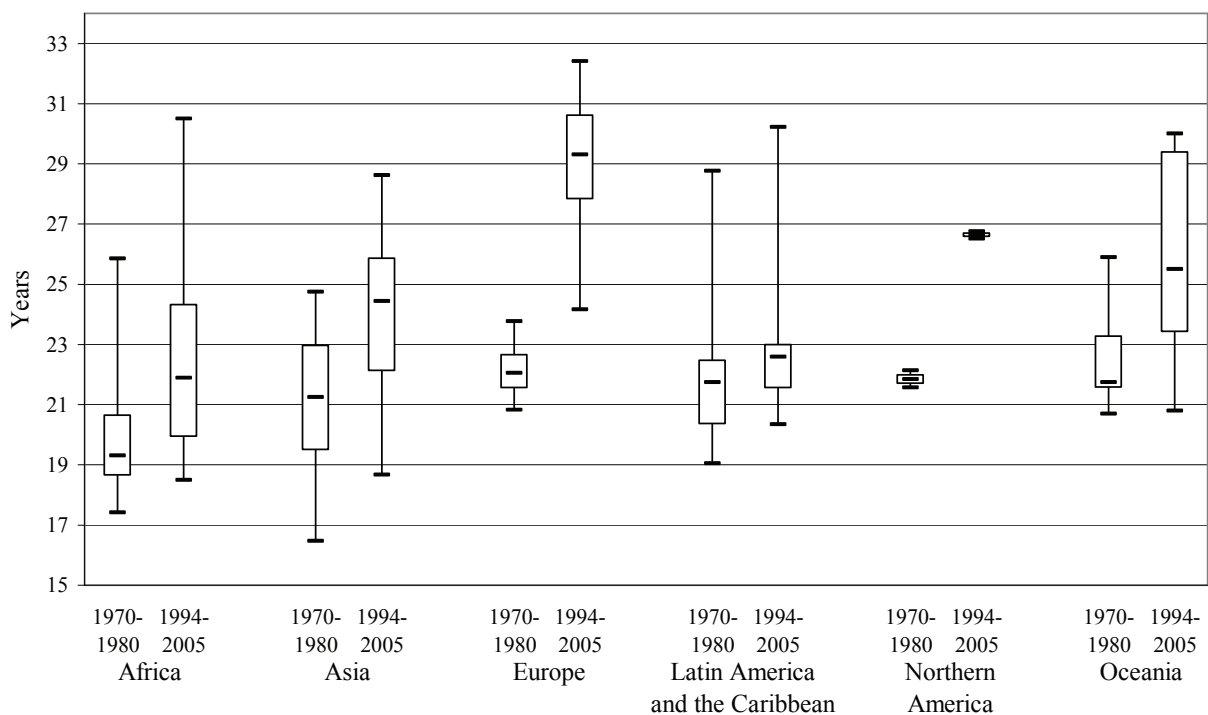


and the length of the interquartile range broadening from 2.1 to 2.8 years. In 1994-2005, two least developed countries had female SMAMs greater than 23.0 years: Samoa (23.9 years) and Comoros (23.6 years), which also recorded the fastest rise in the female SMAM among the least developed countries (averaging 2.4 years per decade). The countries with the lowest female SMAMs among the least developed countries—Bangladesh, Mali and Mozambique—also had the lowest female SMAMs in the world. Among the 17 least developed countries considered, two recorded a decline in the female SMAM, led by Mozambique whose SMAM declined by 0.4 years per decade.

As figure III.1 illustrates, changes in the distribution of the male SMAMs parallel those in the distribution of the female SMAMs. However, the distributions of the male SMAMs generally span wider ranges than the female SMAMs and tend to show greater variability around the median. In addition, because grooms are almost universally older than brides, the distributions of the male SMAMs are shifted upward with respect to those of the female SMAMs and, in all countries with data on both the male and female SMAMs, the male SMAMs are higher.

Just as in the case of the female SMAMs, the male SMAMs rose between 1970-1980 and 1994-2005. The most marked increases occurred in developed countries, where male SMAMs not only increased but became more variable than they had been in 1970-1980. The least change occurred among the least developed countries, where the male SMAMs remain distinctly lower than in developed or developing countries. In addition, whereas in 1970-1980, the distributions of the male and the female SMAMs at the world level showed a relatively small overlap, by 1994-2005 the range covered by the distribution of the female SMAMs overlapped more with that of the distribution of the male SMAMs indicating a narrowing of the differences between the male and the female SMAMs at the country level. Thus, the median difference in the male and the female SMAMs fell from 3.8 to 3.1 years, and the gap between the two narrowed in 81 per cent of the countries considered.

Figure III.2. Distribution of the SMAMs for women, major areas



For the female SMAMs, the changes noted in terms of the development groups are similar to those relative to the distributions for the major areas (figure III.2). The distribution of the female SMAMs in Europe and Northern America shifted markedly to older ages and, for Europe, passed from a tight distribution confined to a narrow range in 1970-1980 to a much wider distribution, indicative of increasing variability among European countries. Although the distributions for all other major areas also shifted upward between 1970-1980 and 1994-2005, the one for Latin America and the Caribbean shifted the least and the length of its interquartile range narrowed from one period to the next. In 1970-1980, the SMAMs were lowest in Africa but, in most of the African countries with the required data, the SMAMs had risen markedly by 1994-2005 and the variability among countries had increased. The increase in the female SMAMs was also marked among most of the countries in Oceania having the required data. Among Asian countries, there was a clear shift of the distribution of the female SMAMs to older ages but variability did not increase and the highest SMAM in the region remained well below the highest values in all other major areas with the exception of Northern America.

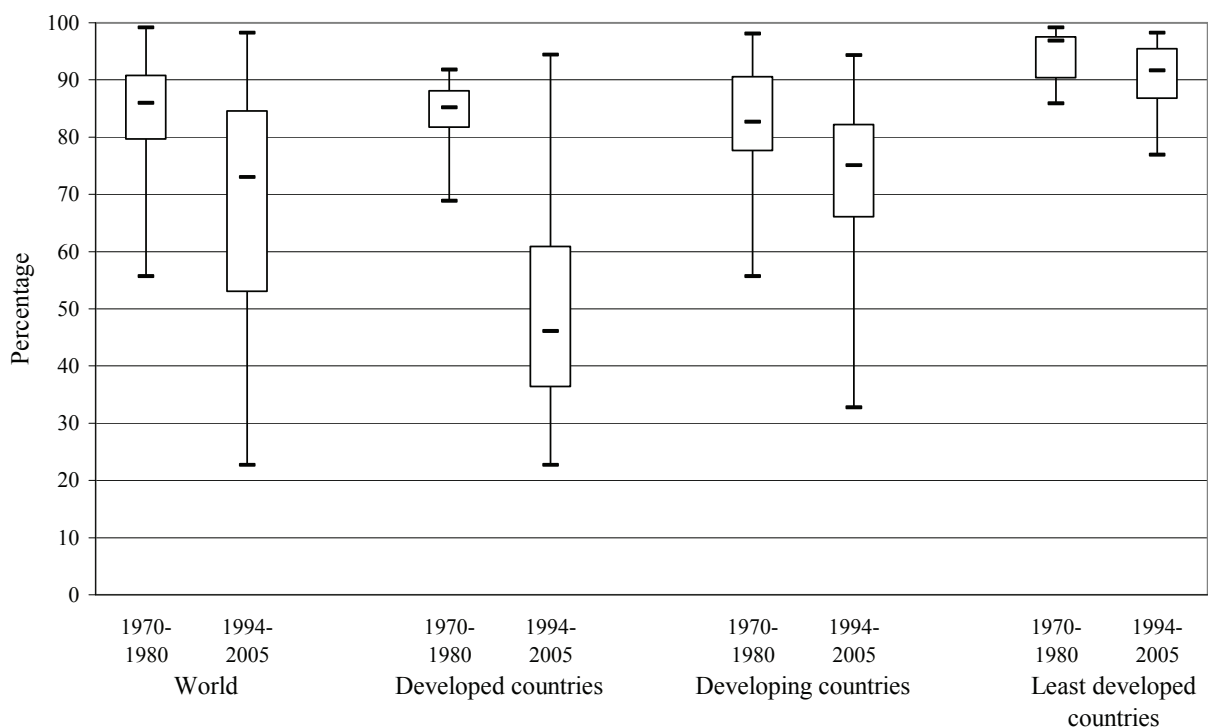
#### B. PERCENTAGE OF EVER MARRIED WOMEN AMONG THOSE AGED 25-29

Another useful indicator of trends in age at marriage is the percentage of women who have ever been married among those aged 25 to 29.<sup>3</sup> This measure is a more direct indicator than the SMAM of the effect of the timing of marriage on fertility because fertility levels tend to peak at ages 25 to 29, implying that women who have not yet been married or are not yet living in a stable union by those ages are most likely to be missing the peak ages of childbearing. Consequently, a low percentage of ever married women by ages 25-29 generally means a low total fertility, both for the period concerned and for the cohort of women involved.

Data on the percentage of ever married women among those aged 25-29 for both 1970-1980 and 1994-2005 were available for 103 countries or areas. As figure III.3 shows, the general tendency has been for the percentage of ever married women among those aged 25-29 to decline. Between 1970-1980 and 1994-2005, that percentage fell in 90 of the 103 countries or areas with the required data and it rose in the rest. The median of the distribution fell from 86.0 per cent to 73.0 per cent and the interquartile range nearly tripled in length, from 11.2 to 31.6 percentage points. The percentage of ever married women aged 25-29 decreased the fastest in the Libyan Arab Jamahiriya, from 97.4 per cent in 1973 to 41.4 per cent in 1995 or by about 25 percentage points per decade. In contrast, among the few countries recording increases, the fastest ones occurred in Guatemala, Nicaragua and the Republic of Moldova, and amounted to about 2.5 percentage points per decade.

In 1970-1980, virtually all women aged 25-29 in Bangladesh and the Maldives had already been married (99.1 per cent and 98.6 per cent, respectively), with those countries having the highest and second highest percentages ever married at ages 25-29. At the other extreme of the distribution, 55.7 per cent of women aged 25-29 had ever been married in French Polynesia and 57.5 per cent were in that category in the Netherlands Antilles during 1970-1980. The next lowest value was 62.8 per cent in South Africa. In 1970-1980, the central half the countries or areas with the required data had percentages of ever married women aged 25-29 ranging from 79.6 and 90.8 per cent. By 1994-2005, the highest values for the percentage of ever married women aged 25-29 were still well above 95 per cent: Malawi (98.2 per cent), Burkina Faso (96.8 per cent) and Mali (96.2 per cent). But the lowest values had fallen considerably and were recorded by Sweden (22.7 per cent) and Ireland (26.8 per cent).

**Figure III.3. Distribution of the percentage of ever married women among those aged 25-29, the world and the development groups**



Among the 31 developed countries having the required data, the decline in the percentages of ever married women among those aged 25-29 was very marked. The median of the distribution fell to almost half (by 39.1 percentage points) and in over three quarters of the developed countries considered, less than 61 per cent of all women aged 25-29 had ever been married by 1994-2005, whereas in 1970-1980, in all the developed countries considered, the proportion of ever married at ages 25-29 was 68.8 per cent or higher. With the decline in the percentages of ever married women among those aged 25-29, the range of the distribution for 1994-2005 expanded and so did the interquartile range, whose length increased from 6.4 percentage points in 1970-1980 to 24.6 percentage points in 1994-2005.

Among the 55 developing countries or areas with data for both 1970-1980 and 1994-2005, the percentage of ever married women among those aged 25-29 fell in all but seven. However, as the distribution shown in figure III.3 shows, the declines recorded were less marked than in developed countries. In 1970-1980, the percentage of ever married among women aged 25-29 ranged from 55.7 per cent in French Polynesia to 98.0 per cent in India, which was followed by the Libyan Arab Jamahiriya with 97.4 per cent. In the central half of the developing countries or areas considered, the percentage of ever married women among those aged 25-29 ranged from 77.6 per cent to 90.5 per cent. By 1994-2005, the distribution of developing countries by the percentage of ever married women in age group 25-29 had shifted downward. The median fell by 7.6 percentage points and the length of the interquartile range widened from 12.9 percentage points in 1970-1980 to 16.1 in 1994-2005.

Out of the 50 least developed countries, only 17 had data on ever married women by age for both 1970-1980 and 1994-2005. Among them, the percentage of ever married women among those aged 25-29

rose in the Central African Republic, Madagascar, Malawi, Mali and Mozambique and showed declines in the other countries, albeit by generally small amounts. In 1994-2005, marriage before age 30 was still very common in the least developed countries considered, with 14 of the 17 having proportions ever married among women aged 25-29 of 80 per cent or higher. Only in three of the least developed countries with data were those proportions lower: Comoros (76.9 per cent), Samoa (77.4 per cent) and Mauritania (79.6 per cent). For the least developed countries in 1970-1980, the median percentage of women aged 25-29 who had ever been married was 96.9 per cent and the distribution ranged from a high of 99.1 per cent in Bangladesh to a low of 85.9 per cent in Madagascar. The central half of the countries considered had proportions of ever married women among those aged 25-29 ranging from 90.4 per cent to 97.6 per cent. By 1994-2005, the median had fallen to 91.6 per cent and the length of the interquartile range had expanded from 7.2 percentage points in 1970-1980 to 8.8 percentage points. Yet, marriage by age 30 continued to be nearly universal in Malawi (98.2 per cent of women aged 25-29 had been married), Burkina Faso (96.8 per cent) and Mali (96.2 per cent).

In sum, there have been declines in the prevalence of marriage among the majority of countries having the required data. In developed countries, the decline in the proportions of women aged 25-29 who have ever been married was large and pervasive. For the most recent period, in three quarters of the developed countries considered, the proportion of ever married women among those aged 25-29 had dropped below 61 per cent. In contrast, in most developing countries, that proportion remained well above 60 per cent and in the least developed countries, it was generally above 80 per cent. In developed countries, the postponement of formal marriage has been accompanied by an increasing prevalence of cohabitation outside marriage, usually as a preliminary stage leading to a formal union. However, the delay in formal marriage has been a factor in the rising age of mothers at the first birth and the increasing proportion of children born out of wedlock.

### C. PERCENTAGE OF EVER MARRIED WOMEN AMONG THOSE AGED 45-49

The percentage of women aged 45-49 who had ever been married is less directly related to the timing of childbearing than that among women aged 25-29, but it nevertheless is indicative of the overall prevalence of marriage in a population and is related to the likelihood that women may remain childless. Among the 101 countries or areas having the required data for 1970-1980 and 1994-2005, there has been remarkable stability in regard to the prevalence of marriage among women reaching the end of the reproductive period. As figure III.4 shows, in three quarters of the countries or areas with data, the proportion of ever married women among those aged 45-49 was 90 per cent or higher in both 1970-1980 and 1994-2005.

In 1970-1980, the lowest percentages of ever married women at ages 45-49 were recorded in four countries or areas of Latin America and the Caribbean, whose values ranged from 77.7 per cent in El Salvador to 80.1 per cent in Paraguay. The lowest values generally belonged to countries or areas where consensual unions are common and where the data available exclude them, implying that the estimates presented here for those countries or areas cannot be taken as fully indicative of the extent to which their female populations have been exposed to the risk of childbearing. At the other end of the distribution, there were 25 countries or areas where virtually all women got married (that is, the percentage of women aged 45-49 who had ever been married was 98 per cent or higher), including the Republic of Korea and Rwanda where marriage was universal (their proportion ever married was 99.9 per cent).

The changes between 1970-1980 and 1994-2005 in the proportion of women aged 45-49 who had ever been married were small: in half the countries considered, the changes observed ranged from a decline of 0.09 percentage points per year to an increase of 0.06 percentage points per year. Consequently, the distribution of all countries or areas according to the proportion of every married women at ages 45-49 changed very little between 1970-1980 and 1994-2005. The median declined slightly, from 95.3

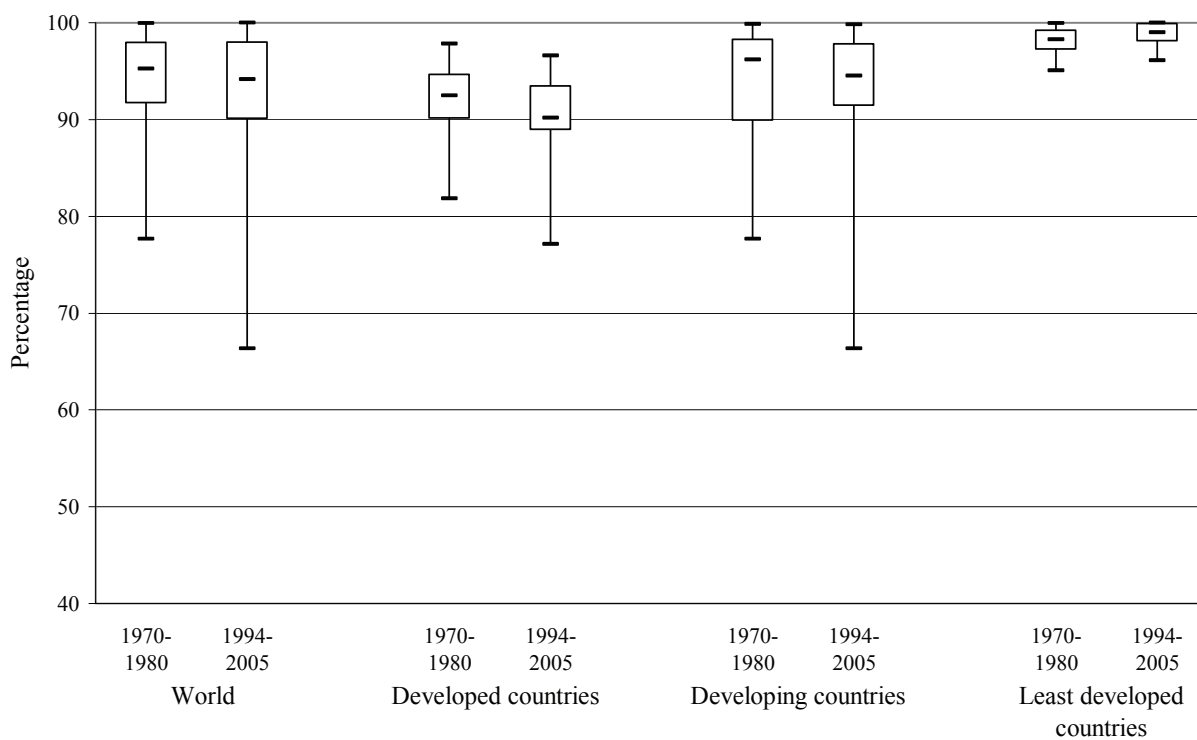
per cent to 94.2 per cent and the interquartile range hardly changed. The largest changes were recorded in Botswana (a decline of 5.6 percentage points per decade, to 69.6 per cent in 1994-2005) and Nicaragua (an increase of 3.2 points per decade).

The change in the distribution of the proportions of ever married women among those aged 45-49 was more marked among the 30 developed countries with data for both 1970-1980 and 1994-2005 (figure III.4). The median percentage of ever married women among those aged 45-49 fell from 92.5 per cent in 1970-1980 to 90.2 per cent in 1994-2005, and the maximum dropped from 97.8 per cent in Bulgaria in 1970-1980 to 96.6 per cent in Bulgaria and Ukraine in 1994-2005. The minimum also moved downward, from 81.8 per cent in Ireland in 1970-1980 to 77.1 per cent in Sweden in 1994-2005.

Among the 54 developing countries with the required data, percentages of women who ever married by age 50 tended to be higher than in developed countries and their distribution did not change much between 1970-1980 and 1994-2005. The median fell slightly from 96.2 per cent to 94.5 per cent and the interquartile range narrowed somewhat. The maximum remained anchored at nearly 100 per cent.

Among the 17 least developed countries having the required data, the distribution of the percentage of ever married women among those aged 45-49 became more concentrated at high values between 1970-1980 and 1994-2005. The median rose slightly from 98.3 per cent to 99.0 per cent and the minimum increased from 95.0 per cent in the Central African Republic in 1970-1980 to 96.1 per cent in Madagascar in 1994-2005. In five least developed countries, the percentage ever married among women aged 45-49 declined slightly but, as figure III.4 indicates, marriage remained nearly universal in all of them.

**Figure III.4. Distribution of the percentage ever married among women aged 45-49, the world and the development groups**



On the whole, for the cohorts born from 1945 to 1960, marriage or entry into an informal union continued to be the norm in the vast majority of countries. In comparison to the experience of cohorts born in the 1920s and early 1930s, who were aged 45-49 in 1970-1980, the largest changes were among women in developed countries, where the proportions ever married among those aged 45-49 in 1994-2005 had declined somewhat. In both the developing countries and the least developed countries, the changes observed were minimal. Marriage or living in a union was more nearly universal in the majority of the least developed countries but much less so in developed countries, possibly as a result of the various life options open to women in the latter.

#### D. EXTRAMARITAL BIRTHS

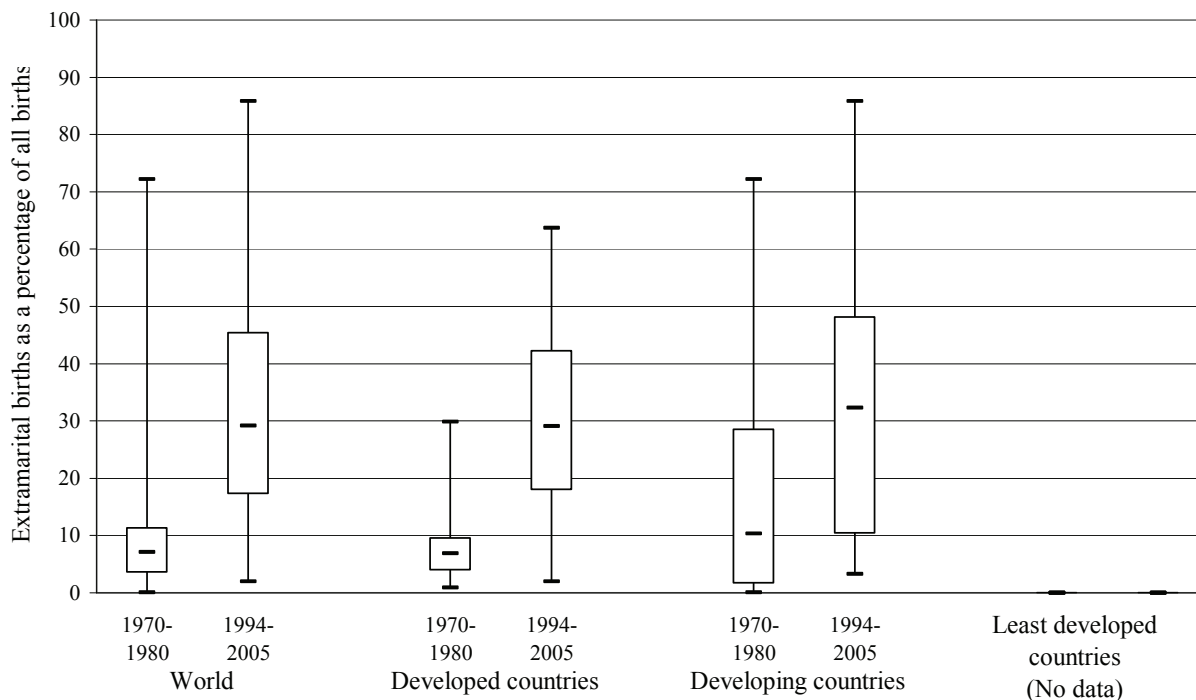
The extent to which marriage is a determinant of fertility levels depends on the prevalence of extramarital fertility and whether it is socially acceptable. In societies where consensual unions have been traditionally accepted, extramarital fertility is common. In others, where childbearing used to occur mostly within marriage, the social stigma attached to out-of-wedlock births has been weakening and marriage and childbearing are becoming less closely linked. In such cases, it is possible for the prevalence of marriage to decline and yet for fertility to change little as cohabitation and extramarital births increase. It is of interest, therefore, to consider the prevalence of extramarital births to assess the likely strength of the relationship between the prevalence of marriage and fertility levels. Data on extramarital fertility are less commonly available than data on overall fertility and their quality depends on the definitions used and country-specific practices regarding the status of children born out of wedlock. Bearing those caveats in mind, levels and trends in extramarital births are discussed below.

Only 62 countries or areas have data on extramarital births for points within both 1970-1980 and 1994-2005. They include 41 developed countries and 21 developing countries. Least developed countries lack the required data altogether. Among the countries having the required data, the percentage of extramarital births among all births has been rising and, although in most of the countries considered extramarital births still account for far less than half of all births, if recent trends continue, extramarital births could well become more than half of all births in a substantial number of countries.

As figure III.5 shows, the proportion of extramarital births among all births has increased markedly among the full set of countries considered as well as among the developed countries. In 1970-1980, the median percentage of extramarital births was 7.1 per cent and in the central half of the 62 countries or areas considered, that percentage varied from 3.6 per cent to 11.3 per cent. In four countries or areas, the percentage of extramarital births was 30 per cent or higher: Saint Lucia (72.2 per cent), Panama (70.9 per cent), El Salvador (67.8 per cent) and Belize (43.7 per cent). Extramarital births were extremely rare in: Hong Kong SAR of China (0.1 per cent), Cyprus and Georgia (each with 0.2 per cent), Israel and Macao SAR of China (each with 0.7 per cent) and in Japan (0.9 per cent).

In all 62 countries or areas, the percentage of extramarital births increased between 1970-1980 and 1994-2005 and the whole distribution shifted upward. The median rose to 29.2 per cent from 7.1 per cent in 1970-1980. The length of the interquartile range increased from 7.7 percentage points to 28.0 percentage points. Very high proportions of extramarital births were recorded in countries where consensual unions are common: Saint Lucia (85.8 per cent), Panama (79.9 per cent) and El Salvador (72.8 per cent). In 1994-2005, only in four countries or areas was the percentage of extramarital births recorded below 5.0 per cent: Japan (2.0 per cent), Cyprus (3.3 per cent), Israel (4.5 per cent) and Greece (4.9 per cent). The proportion of births occurring outside marriage rose by more than ten percentage points per decade in 13 countries, rising fastest in Georgia (from 0.2 per cent in 1975 to 44.4 per cent in 2001).



**Figure III.5. Distribution of extramarital births as a percentage of all births, the world and the development groups**

In most of the 41 developed countries considered, the proportion of extramarital births was low in 1970-1980. In three quarters, less than 10 per cent of all births were extramarital. Iceland had the highest proportion, at 29.9 per cent. In the central half of the developed countries considered, extramarital births accounted for between 4.0 per cent and 9.6 per cent of all births. The decline in fertility that most developed countries experienced between 1970-1980 and 1994-2005 together with the declining proportions of women marrying by age 30 produced a marked increase in the proportion of births occurring out of wedlock. By 1994-2005, in 39 of the 41 developed countries considered, extramarital births accounted for 10.0 per cent or more of all births (the exceptions being Greece and Japan). The proportion of extramarital births was highest in Iceland (63.7 per cent), Estonia (56.2 per cent), Sweden (55.4 per cent) and Norway (51.4 per cent). Extramarital births as a proportion of all births rose fastest in Estonia (an increase of 13.6 percentage points per decade), Norway (13.1 percentage points per decade) and France (11.9 percentage points per decade). Change was slowest in Japan, where the proportion of extramarital births rose by just 0.3 percentage points per decade.

Among the 21 developing countries with data for both 1970-1980 and 1994-2005, extramarital births as a proportion of all births also rose. In 1970-1980, the extremes of the distribution were far apart: five countries or areas—Cyprus, Georgia, Hong Kong SAR of China, Israel and Macao SAR of China—had proportions of extramarital births below 1.0 per cent, whereas another three—El Salvador, Panama and Saint Lucia—recorded more than half of their births outside of marriage. The 12 countries or areas with the lowest proportions of extramarital births were in Asia whereas the nine with the highest proportions were in Latin America and the Caribbean. In three-quarters of the developing countries or areas, extramarital births accounted for 28.6 per cent or less of all births. By 1994-2005, the distribution of developing countries by the proportion of extramarital births had shifted upward but less markedly than

for developed countries. Once more, Asian countries dominated the group of those with low proportions of extramarital births, with Cyprus, Israel, Uzbekistan, Hong Kong SAR of China and Tajikistan, in order of increasing percentages, all having fewer than 10.0 per cent of the births occurring out of wedlock. The highest proportions of extramarital births were recorded in countries of Latin America and the Caribbean. Increases in the proportion of extramarital births were fastest in Georgia (a rise of 17 percentage points per decade) and slowest in Cyprus (0.9 percentage points per decade).

In sum, in most developed countries, the increases in the age at marriage coupled with the declining proportions of ever married women among those aged 25-29 have led to higher levels of fertility outside marriage. In the developing world, there has also been a tendency for the proportion of births occurring out of wedlock to increase, but developing countries always showed great variability in this respect because of the high prevalence of consensual unions in some regions, especially in Latin America and the Caribbean. In contrast, in many countries in Asia and Northern Africa, out-of-wedlock births used to be rare but, although their share of all births remains on the low side, it has been increasing. In those countries, the delay of marriage and changes in union formation underpin those increasing trends.

#### NOTES

<sup>1</sup> For an extended discussion of the relationship between age at marriage, cohabitation, extramarital births and fertility, especially in low-fertility countries, see United Nations (2003), especially pp. 7, 41-42 and 84.

<sup>2</sup> In addition to informal co-residential unions, in some Caribbean societies as well as in some Latin American countries, such as Guyana and Suriname, a significant proportion of men and women enter “visiting” unions, which enjoy social recognition but do not involve co-residence. Only survey data are likely to capture this type of union. See the CD-ROM attached to this report for information about data sources. Cases where consensual unions were included in only one of the two sources are excluded from the analysis and are indicated in the country profiles.

<sup>3</sup> The correlation between the SMAM and the proportion of ever married women among those aged 25-29 is high. For the first period, among the 151 countries with data for both measures, the correlation was 0.80. For the second period, the correlation among the 174 countries with data for both measures was 0.96.



## IV. USE OF CONTRACEPTION

The major factor leading to declines in total fertility is the increasing use of contraception. Social, cultural and economic factors lie behind changes in marriage patterns and in desired family size, but the actual availability, acceptability and affordability of the means to limit births—contraception—has been the critical enabling factor for lowering fertility. In this chapter, data on contraceptive use among women aged 15 to 49 who are married or in union will be examined from three perspectives: use of any contraceptive method compared to use of modern contraceptive methods; differences in use of contraceptives among the different development groups; and changes in contraceptive use over time. For each country, only data referring to two dates, one within 1970-1980 and the other within 1994-2005, are used in the analysis that follows.

Surveys of contraceptive use generally collect information on the use of individual contraceptive methods among women of reproductive age who are married or living in a consensual union. Examination of the level of use of broad categories of methods provides useful insights about the dramatic changes in the use of contraception that took place between 1970-1980 and 1994-2005. Comparing the use of all types of contraceptive methods, including both traditional methods and modern methods, with the use of modern methods alone provides an indication of the availability and acceptability of modern methods. Modern methods include male and female sterilization; hormonal pills, injectables and implants; intra-uterine devices; condoms and vaginal barrier methods. Traditional methods include all other types of methods used to prevent pregnancy, the most important of which are withdrawal and the calendar or rhythm method of periodic abstinence. The level of contraceptive use or contraceptive prevalence is measured as the percentage of women using any method of contraception among all women of reproductive age who are married or in union. The level of modern method use or the prevalence of modern method use is the proportion of women using modern methods among all those of reproductive age who are married or in union. Therefore, the level of modern-method use is always lower than or equal to the overall level of contraceptive use.

### A. CONTRACEPTIVE USE BY DEVELOPMENT GROUP

The distribution of countries according to their level of contraceptive use (any method) is shown in figure IV.1 for both 1970-1980 and 1994-2005. The figure also shows the distribution of countries according to the level of modern-method use. Both at the world level and among the developing countries and the least developed countries, the level of contraceptive use and the use of modern methods increased dramatically between 1970-1980 and 1994-2005.

At the world level, the 62 countries with data on contraceptive use for the two periods considered showed great variation in contraceptive prevalence during 1970-1980. Thus, whereas at least 75.0 per cent of women married or in union were using contraceptives in Italy (78.0 per cent), Bulgaria (76.0 per cent) and the United Kingdom (75.0 per cent), in Mauritania overall contraceptive prevalence was virtually nil in 1981 (0.8 per cent). In 1970-1980, contraceptive prevalence was below 10.0 per cent in 15 countries and a quarter of the countries with data had an overall contraceptive prevalence below 13.8 per cent. Median contraceptive prevalence was 30.9 per cent, but there was a wide variation around it, with the interquartile range spanning 38.4 percentage points (from 13.8 per cent to 52.2 per cent). During that period, the use of modern contraception was markedly lower than overall contraceptive use: in three quarters of the countries with data, modern contraceptive use was below 30.0 per cent. The distribution of modern contraceptive use ranged from 0.3 per cent in Mauritania and 0.5 per cent in Benin and Côte d'Ivoire to 67.8 per cent in China and 64.9 per cent in Switzerland. The interquartile range spanned 23.7 percentage points, from 5.5 per cent to 29.2 per cent, implying that there was less variation around the median in the level of modern method use than in the overall level of contraceptive use.

By 1994-2005, contraceptive prevalence had risen markedly in most of the countries considered and their distribution by level of contraceptive use had shifted dramatically upward (figure IV.1). The median level of contraceptive use had almost doubled, rising from 30.9 per cent to 61.1 per cent. China had reached an overall contraceptive prevalence of 90.2 per cent and Mauritania remained the country with the lowest contraceptive prevalence, at 8.0 per cent. Use of modern methods had been the major reason for the rapid expansion of contraceptive use between 1970-1980 and 1994-2005. In three quarters of the countries considered, the share of modern-method use in overall contraceptive prevalence increased. In China, virtually every woman using contraception relied on a modern method, with modern-method use, reaching 90.0 per cent. China was followed by the United Kingdom, with the second highest level of modern-method use (81.0 per cent). Countries in Africa clustered in the lower end of the distribution of modern-method use. The four with the lowest levels of modern contraceptive use were: Mauritania (5.1 per cent), Benin (7.2 per cent), Côte d'Ivoire (7.3 per cent) and Nigeria (8.2 per cent). Increases in modern contraceptive use were extremely rapid in Spain, from 20.0 per cent in 1977 to 67.4 per cent in 1995 (26.3 percentage points per decade) and in France (22.0 percentage points per decade).

Among the 12 developed countries having the required data, levels of contraceptive use were already high in 1970-1980: the lowest level of use was 51.0 per cent in Spain and the highest was 78.0 per cent in Italy. The distribution of levels of contraceptive use was therefore quite narrow, and there was comparatively little variability around the median, with the interquartile range going from 62.5 per cent to 72.3 per cent, a difference of 9.8 percentage points. However, in many developed countries numerous couples still relied on traditional methods of contraception in the 1970s, with the median level of modern-method use (40.5 per cent) being considerably lower than that for overall contraceptive use (69.6 per cent), as shown in table IV.1. Not only were levels of modern-method use among developed countries lower than overall contraceptive use but their distribution showed greater variability and a wide overall range, going from a low of 5.0 per cent in Romania to a high of 64.9 per cent in Switzerland. The interquartile range was 38.8 percentage points in length, from 20.8 per cent to 59.6 per cent.

**Figure IV.1. Distribution of contraceptive prevalence, the world and the development groups**

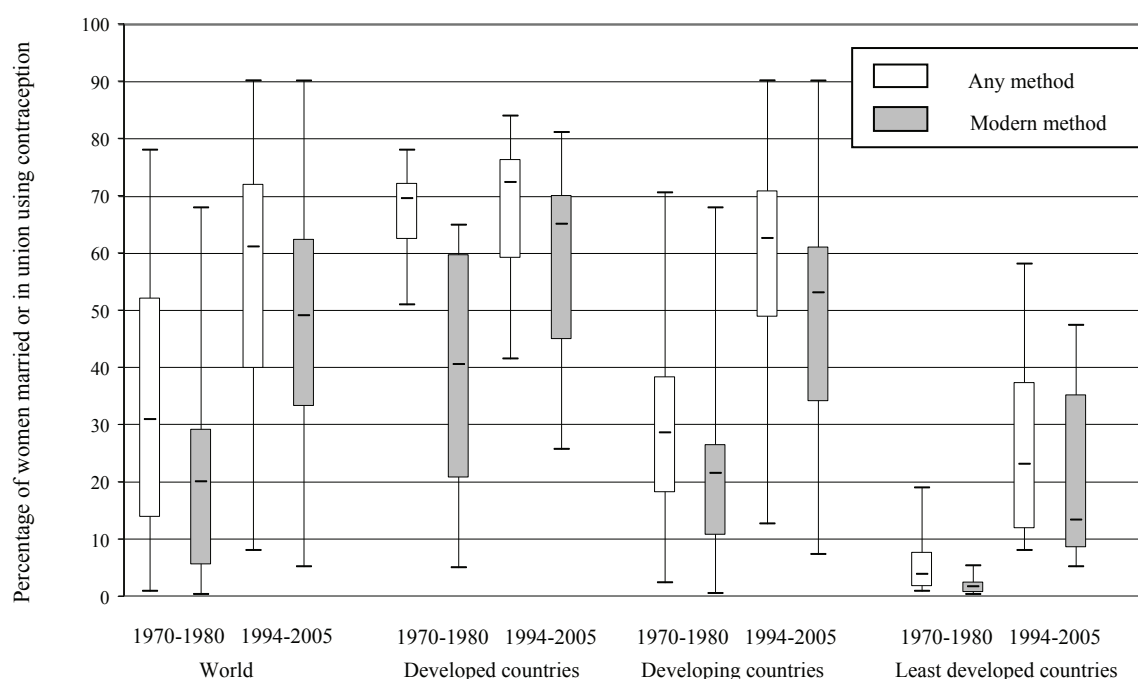


TABLE IV.1. MEDIAN LEVELS OF OVERALL CONTRACEPTIVE USE AND MODERN-METHOD USE BY DEVELOPMENT GROUP

<i>Development group</i>	<i>1970-1980</i>				<i>1994-2005</i>			
	<i>Any method</i>	<i>Modern methods</i>	<i>Difference</i>	<i>Ratio</i>	<i>Any method</i>	<i>Modern methods</i>	<i>Difference</i>	<i>Ratio</i>
		(2)	(1) - (2)	(2)/(1)		(2)	(1) - (2)	(2)/(1)
World	30.9	20.0	10.9	0.65	61.1	49.1	12.0	0.80
Developed countries	69.6	40.5	29.1	0.58	72.5	65.0	7.5	0.90
Developing countries	28.6	21.5	7.1	0.75	62.6	53.0	9.6	0.85
Least developed countries	3.8	1.6	2.2	0.42	23.1	13.4	9.7	0.58

By 1994-2005, overall contraceptive use had risen in nine of the 12 developed countries having the required data and had fallen in three (Austria, Bulgaria and Italy).<sup>1</sup> Given the high levels of overall contraceptive use already reached in 1970-1980, the increases recorded by 1994-2005 were generally modest. In that period, the highest levels of contraceptive use reached in the developed countries considered were those in the United Kingdom (84.0 per cent) and Switzerland (82.0 per cent). Between 1970-1980 and 1994-2005, the reliance on modern methods of contraception expanded considerably in developed countries, so that the distribution of modern-method use moved upward and the median rose from 40.5 per cent to 65.0 per cent (table IV.1). By 1994-2005, three quarters of the developed countries considered had levels of modern-method use above 44.8 per cent.

Among the 41 developing countries having data on contraceptive use for 1970-1980 and 1994-2005, the use of contraceptive methods tended to be low in 1970-1980. Thus, in three quarters of the developing countries considered contraceptive prevalence was at most 38.3 per cent and in Cameroon and Côte d'Ivoire fewer than 3.0 per cent of women who were married or in union used some form of contraception. However, by that period China had already reached a very high contraceptive prevalence (70.6 per cent) and most of it involved the use of modern methods (67.8 per cent of married women used them). In other developing countries, the use of modern contraceptives was also lower than the overall use of contraceptives: in three quarters of the developing countries considered, modern-method use was at or below 26.6 per cent. The lowest levels of modern-method use were recorded in Cameroon, Côte d'Ivoire and Nigeria, where almost no women used modern methods (less than 1.0 per cent did).

By 1994-2005, contraceptive use had risen remarkably among the majority of the 41 developing countries considered, paralleling the rapid declines in fertility that they had experienced since the 1970s. The median level of contraceptive prevalence had more than doubled, passing from 28.6 per cent in 1970-1980 to 62.6 per cent in 1994-2005. Nevertheless, contraceptive prevalence remained low in a number of countries, particularly those in sub-Saharan Africa, such as Nigeria (12.6 per cent) and Côte d'Ivoire (15.0 per cent). At the other extreme of the distribution, contraceptive prevalence was remarkably high not only in China at 90.2 per cent but also in the Republic of Korea (80.5 per cent) and Costa Rica (80.0 per cent). In three quarters of the developing countries considered, contraceptive prevalence was at or above 48.9 per cent in 1994-2005.

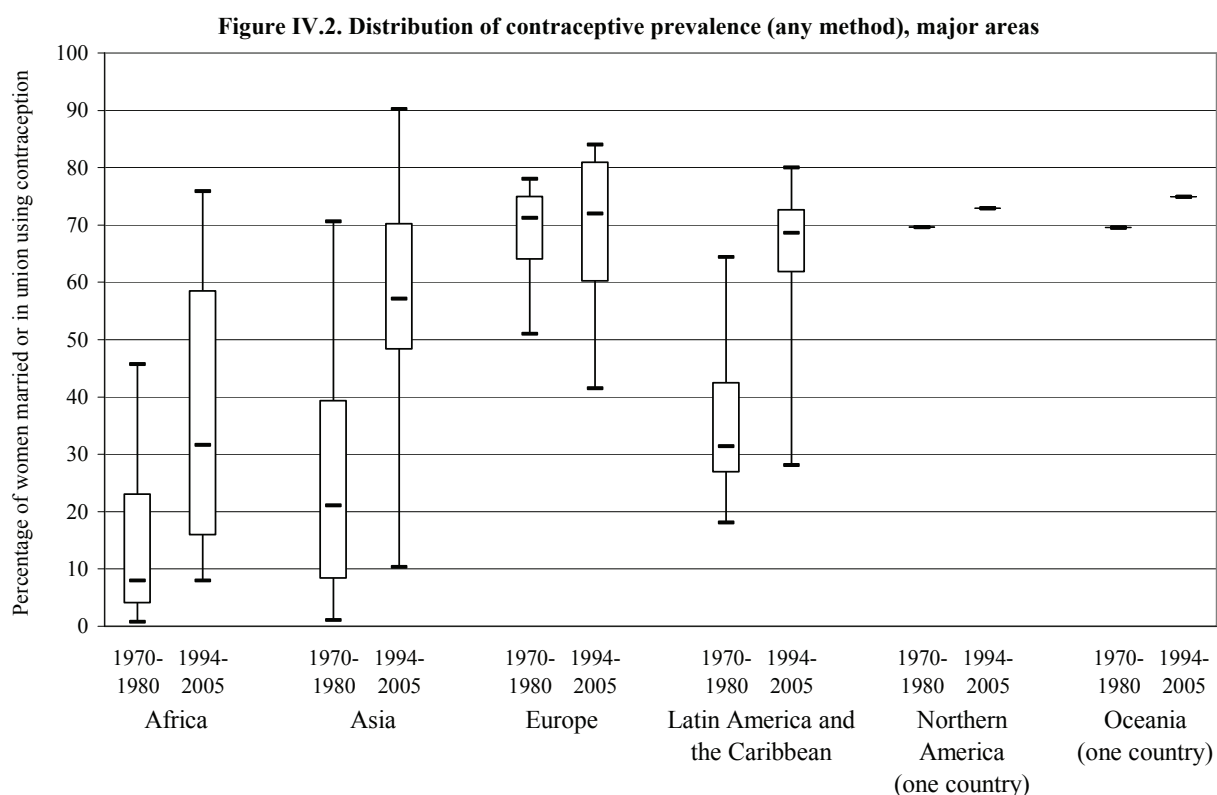
Rising use of modern methods accounted for most of the increase in contraceptive prevalence in the developing countries. The median level of use of modern methods increased from 21.5 per cent in 1970-1980 to 53.0 per cent in 1995-2005, a gain of 31.5 percentage points. However, in more than two thirds of the developing countries considered, the percentage of women using a traditional method of contraception had also increased. Once more, modern contraceptive use was rare in Côte d'Ivoire (7.3 per cent) and Nigeria (8.2 per cent) and was almost universal in China (90.0 per cent). Costa Rica had the second highest level of modern contraceptive use at 70.7 per cent. There was greater variability in the distribution of modern contraceptive use than in that relative to any method of contraception, with the

length of the interquartile range for modern contraceptive use (27.0 percentage points) surpassing that for overall contraceptive prevalence (22.1 percentage points).

Among the 9 least developed countries with the required data, contraceptive prevalence was very low in 1970-1980. Only one country had contraceptive prevalence surpassing 10.0 per cent: Haiti (18.9 per cent). Half of the least developed countries had contraceptive prevalence levels below 3.8 per cent and modern-method use was even lower, with the maximum reaching only 5.4 per cent in Haiti, followed by Bangladesh with 3.8 per cent. Between 1970-1980 and 1994-2005, contraceptive use in the least developed countries rose. However, by 1994-2005, the least developed countries had only reached levels comparable to those of developing countries in the 1970s. In 1994-2005, three quarters of the least developed countries had contraceptive prevalence at or below 37.3 per cent and the median level of modern-method use was a low 13.4 per cent, about half that for overall contraceptive prevalence (23.1 per cent).

## B. CONTRACEPTIVE USE BY MAJOR AREA

Changes in overall contraceptive prevalence are considered here at the level of major area. Figure IV.2 displays the distributions of contraceptive prevalence by major area for 1970-1980 and 1994-2005. In 1970-1980, most countries in Africa, Asia and Latin America and the Caribbean had levels of contraceptive prevalence below 40 per cent. However, there were clear differences among the major areas in the extent to which women who were married or in union were practicing contraception. Thus, whereas the median level of contraceptive prevalence was a low 8.0 per cent in Africa, it was a moderate 21.1 per cent in Asia and a relatively high 31.4 per cent in Latin America and the Caribbean. There was also greater variability in levels of contraception among countries in Asia than among those in Africa or those in Latin America and the Caribbean in 1970-1980.



Between 1970-1980 and 1994-2005, contraceptive prevalence rose markedly in many of the countries of Asia, Latin America and the Caribbean and, to a lesser extent, in those of Africa. By 1994-2005, the median level of contraceptive prevalence was still lowest in Africa (31.7 per cent), followed by Asia (57.2 per cent) and by Latin America and the Caribbean (68.6 per cent). In three quarters of the countries in Latin America and the Caribbean having the required data, contraceptive levels were above 61.8 per cent and were similar to those in European countries. Countries in Asia showed greater variability in contraceptive prevalence than those in Latin America and the Caribbean, with still a quarter of the Asian countries considered having levels of contraceptive use at or below 48.3 per cent in 1994-2005. In addition, both Asia and Latin America and the Caribbean had a few countries with very low levels of contraceptive prevalence, including Afghanistan (10.3 per cent) and Haiti (28.1 per cent).

In Africa, contraceptive prevalence in 1994-2005 remained at or below 31.7 per cent in half of the countries considered and only one country, Mauritius, had reached a level of contraceptive use above 70 per cent (75.9 per cent). Furthermore, a quarter of the African countries considered still had an overall contraceptive prevalence at or below 15.9 per cent, with Mauritania having the lowest level, at 8.0 per cent.

Europe and Northern America already had relatively high levels of contraceptive prevalence in 1970-1980 but, whereas there was a clear increase in contraceptive prevalence between 1970-1980 and 1994-2005 in the United States of America, in Europe the range of the distribution of contraceptive prevalence expanded, especially toward lower levels. The median for Europe remained virtually unchanged between the two periods, at or around 72.0 per cent, but in three countries contraceptive prevalence declined, possibly as a result of changes in the measurement of methods. The largest transformation in European countries was not an increase of overall contraceptive use but rather the shift from traditional to modern methods of contraception. Thus, even if overall use of contraception fell in certain countries, the switch to more effective methods among the women using contraception far outweighed the decline in overall contraceptive prevalence.

In sum, the contraceptive transition documented here parallels the fertility transition that it underpins. The greatest transformation in contraceptive use occurred in developing countries, many of which reached over a period of scarcely two decades levels of contraception similar to those of developed countries. Furthermore, in most developing countries, there is no sign yet that the upward trend in contraceptive use has reached a ceiling. Hence, increases in contraceptive use continue to be expected. In the least developed countries, particularly those in Africa, the slow uptake of contraceptive use represents a major deviation from the experience of the other countries in the developing world. Evidence relative to the unmet need for contraception suggests that increases in contraceptive prevalence could be accelerated by providing easier access to modern contraception in the least developed countries.

#### NOTE

<sup>1</sup> These declines may be spurious and caused by differences in the way contraceptive use was measured in different surveys. See United Nations (2004a).



## V. POPULATION POLICIES<sup>1</sup>

### A. GOVERNMENT VIEWS ON THE LEVEL OF FERTILITY

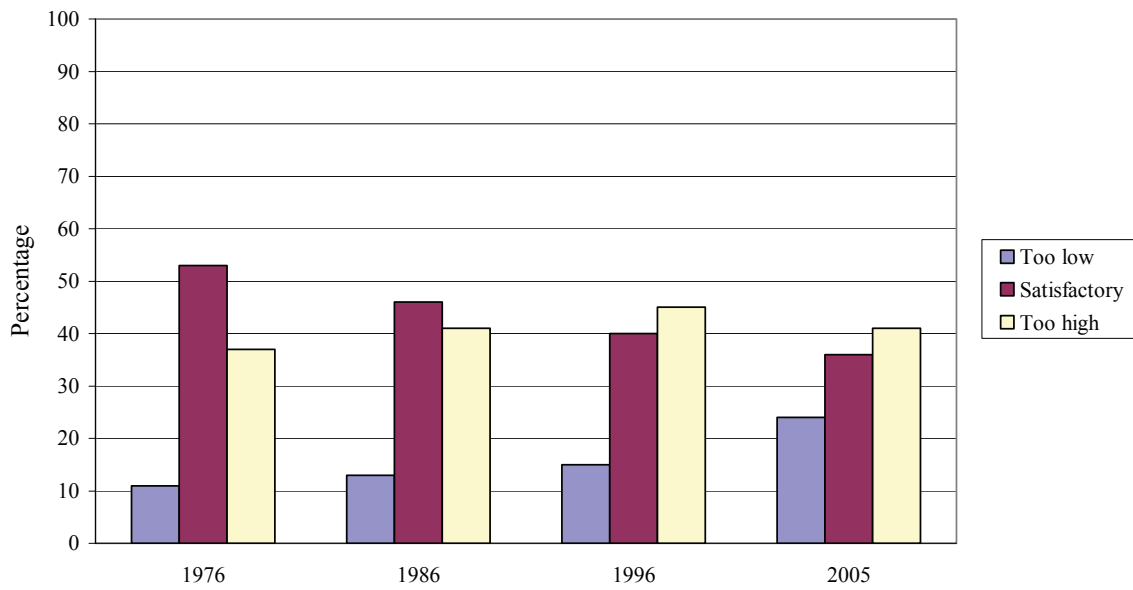
Since 1970 there have been profound changes in the perceptions, attitudes and policies of Governments regarding fertility. In 1976, a majority of Governments expressed the view that the fertility levels of their countries were satisfactory (figure V.1). Since then, the proportion of Governments that consider their fertility levels satisfactory has declined steadily, reaching 36 per cent in 2005. In 1976, just over one third of Governments thought fertility levels were too high. This proportion rose over the next two decades and then fell to 41 per cent in 2005. Concomitantly, the proportion of Governments that considered their fertility levels to be too low rose from 11 per cent in 1976 to 24 per cent in 2005.

This overall picture is the product of different levels and trends of fertility among the countries in the different development groups. Among developed countries, almost 80 per cent of Governments were satisfied with their fertility levels in 1976 but by 2005 only 35 per cent expressed that view, mainly because more were concerned about the persistence of low fertility (figure V.2). In 1976, 21 per cent of the Governments of developed countries considered their fertility to be too low but by 2005 65 per cent held that view. Among them, more than three quarters had policies in place to raise fertility. Governments' concerns about the persistence of very low fertility stem from its implications not only with respect to overall population size, which is expected to decrease, but with respect to population ageing, which accelerates the longer fertility remains well below replacement level. Given that numerous developed countries, especially those in Europe, have been experiencing very low fertility levels for two decades or more, policies to bring fertility closer to replacement level and possibly to allow more immigration are considered the major strategies to slow down population ageing and avoid sustained decreases in population size.

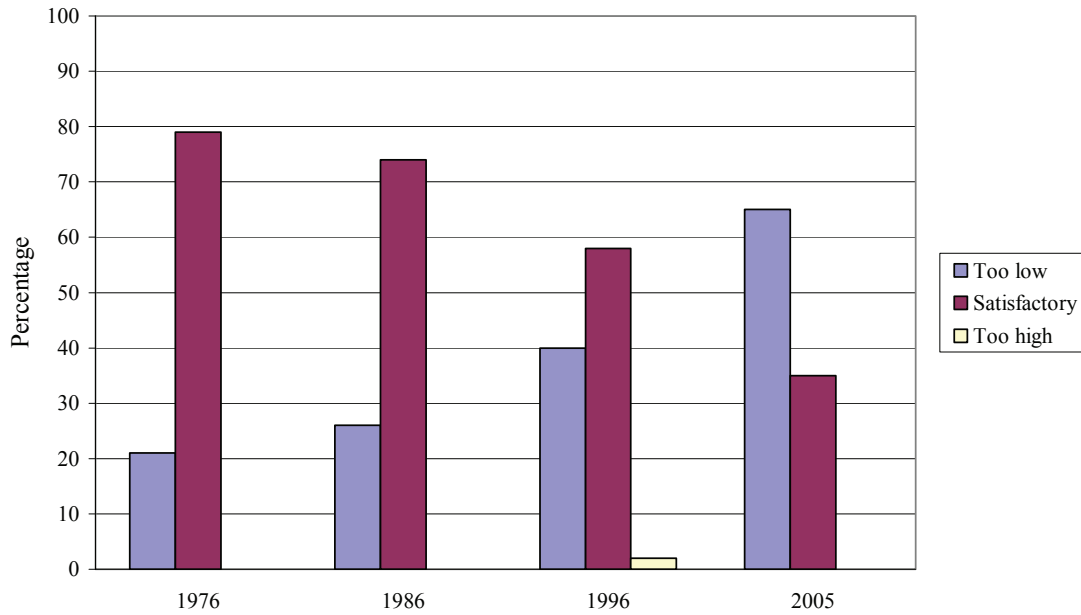
Governments of developing countries have different views (figure V.3). The proportion expressing satisfaction with their respective fertility levels has been rising, albeit slowly, passing from 35 per cent in 1976 to 48 per cent in 2005. Concomitantly, the percentage of Governments that consider fertility to be too high has been falling, from 57 per cent in 1976 to 36 per cent in 2005. In addition, a small and fluctuating percentage of Governments of developing countries have expressed the view that their fertility levels are too low.

The views of the Governments of the least developed countries contrast sharply with those of the countries in other development groups (figure V.4). Among them, those expressing satisfaction with fertility levels accounted for 62 per cent in 1976 but by 2005 they represented only 12 per cent of the group. Balancing this trend was a sharp rise in the proportion of Governments of the least developed countries expressing the view that fertility was too high: from 31 per cent in 1976 to 88 per cent in 2005. Given the high fertility that the least developed countries are still experiencing and the slow progress made in increasing contraceptive prevalence, there are reasons for concern about the slow pace of the fertility transition among them.

**Figure V.1. Distribution of Governments according to their views on the level of fertility**

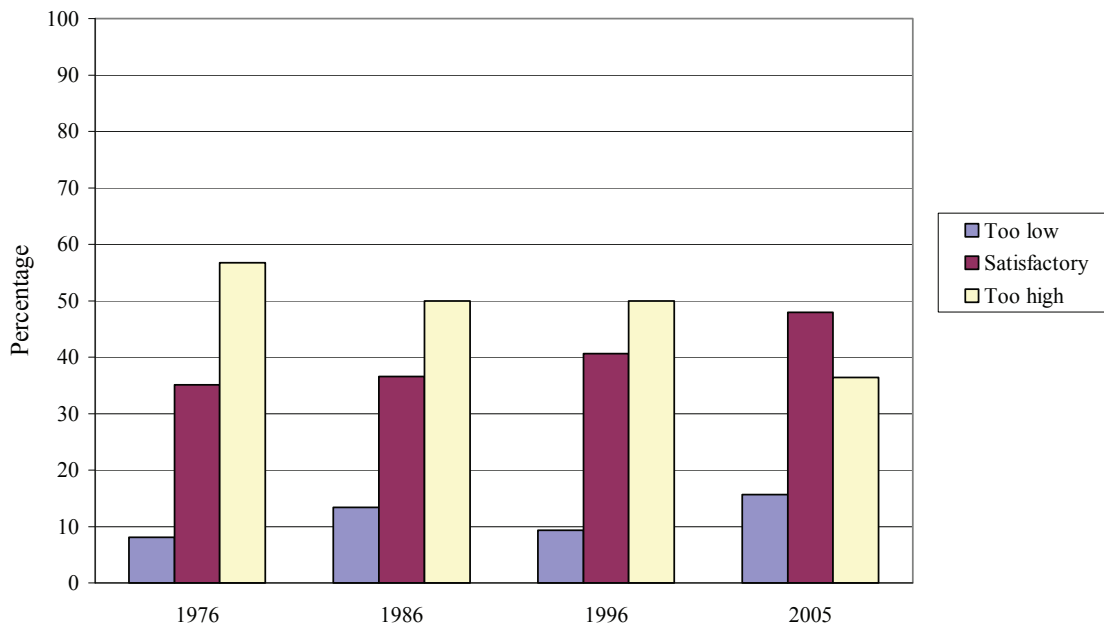


**Figure V.2. Distribution of the Governments of developed countries according to their views on the level of fertility**

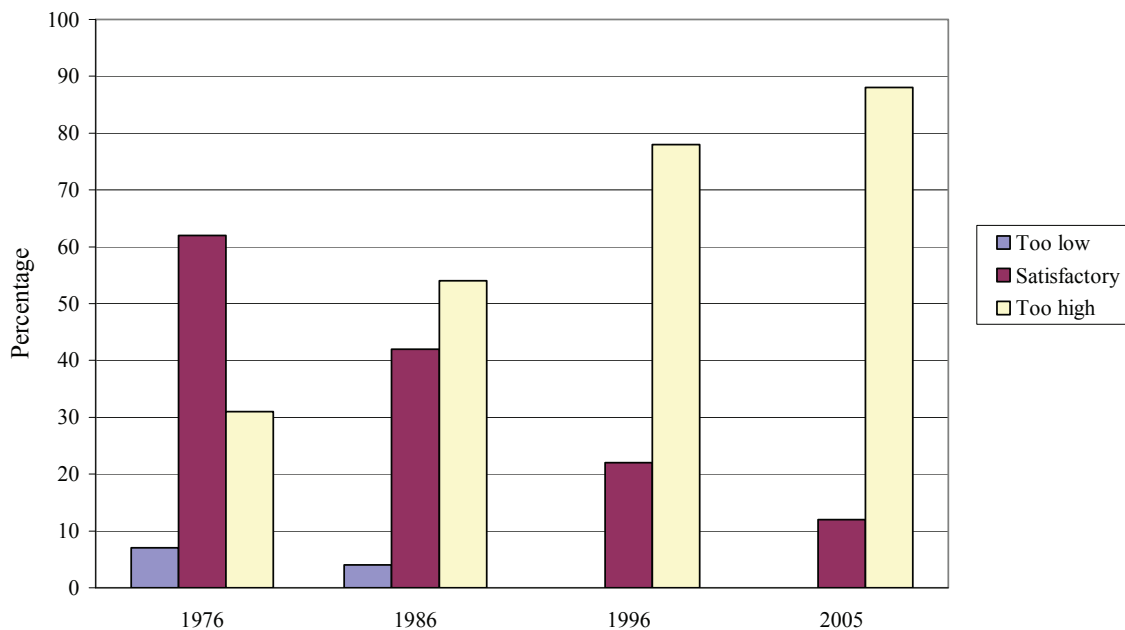




**Figure V.3. Distribution of the Governments of developing countries according to their views on the level of fertility**



**Figure V.4. Distribution of the Governments of the least developed countries according to their views on the level of fertility**



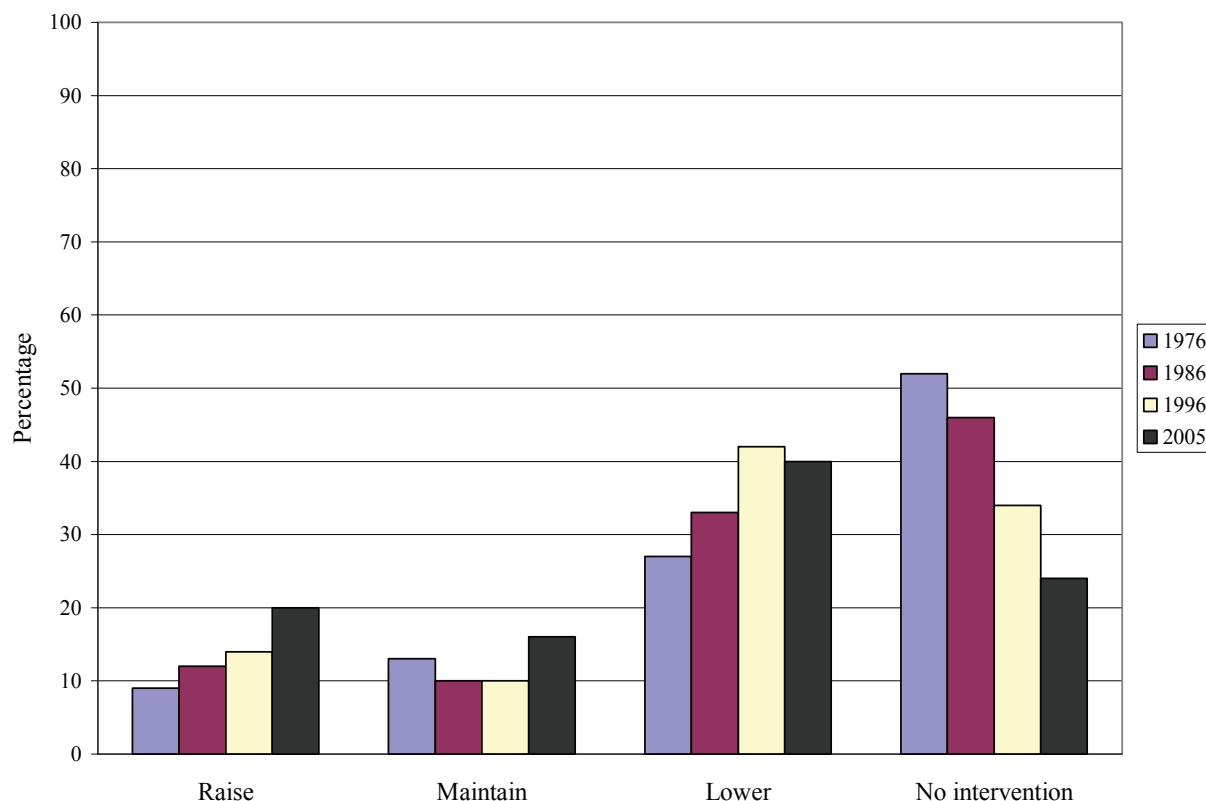
## B. GOVERNMENT POLICIES ON THE LEVEL OF FERTILITY

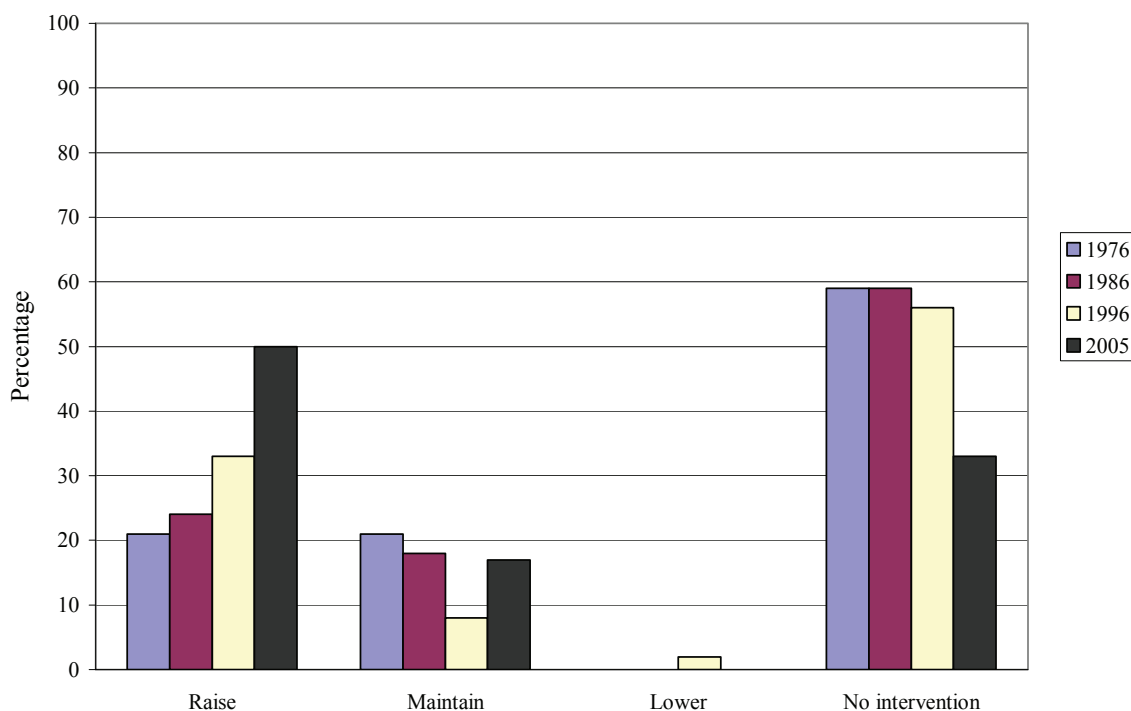
At the world level, the proportion of countries having no intervention to affect fertility has declined by over half from 1976 to 2005 (figure V.5), whereas the proportions of countries with policies either to reduce or to increase fertility have generally risen over time. That is, Governments have clearly become more proactive in adopting measures to influence fertility levels.

Among developed countries, the proportion of countries that did not intervene to modify their fertility levels remained between 50 per cent and 60 per cent from 1976 to 1996 and then fell to about 33 per cent by 2005 (figure V.6). This steep drop was accompanied by a major increase in the proportion of developed countries having policies to raise fertility, with half of them having such policies by 2005.

Among developing countries, the proportion of countries with policies to lower fertility increased from 46 per cent in 1976 to 51 per cent in 1996 and then fell by almost ten percentage points by 2005 (figure V.7). That recent drop was counterbalanced by an increase in the proportion of developing countries having policies to maintain their fertility levels and, to a lesser extent, in the proportion having policies to raise fertility. In a trend similar to that observed among developed countries, fewer developing countries are having a no intervention stance.

**Figure V.5. Distribution of Governments according to their policies on the level of fertility**



**Figure V.6. Distribution of the Governments of developed countries according to their policies on the level of fertility**

Among the least developed countries, the 1990s witnessed a major increase in the proportion having policies of lower fertility (figure V.8). Whereas in 1976, less than 15 per cent of the least developed countries had such policies, over 75 per cent did so by 2005. Just as countries in other development groups, the proportion of the least developed countries having no intervention to affect fertility has been dropping. However, still nearly one in every five least developed countries had no intervention to change fertility levels in 2005.

Governments that express concern about their levels of fertility generally have policies to affect fertility levels, but not always. As figure V.9 shows, at the world level, the proportion of countries whose Governments consider fertility to be too high has always been higher than the proportion of countries having policies to lower fertility. However, by 2005, the difference between the two was the lowest it has been since 1976: 41 per cent of Governments said the fertility of their countries was too high and 40 per cent had policies to lower fertility. In 2005, 89 per cent of the Governments that considered fertility to be too high had policies to lower fertility. Among the rest of those considering fertility to be too high, all but one did not intervene to change fertility and that one had a policy of maintaining fertility levels as they were in 2005.

The tendency of Governments to delay adopting policies in response to their concerns about high fertility is especially evident among the least developed countries, where the gap between the proportion of Governments considering fertility to be too high and the proportion of Governments having policies to lower fertility was 12 percentage points in 2005 (figure V.9). Nevertheless, that gap has narrowed considerably since 1986, when it was 23 percentage points.

Figure V.7. Distribution of the Governments of developing countries according to their policies on the level of fertility

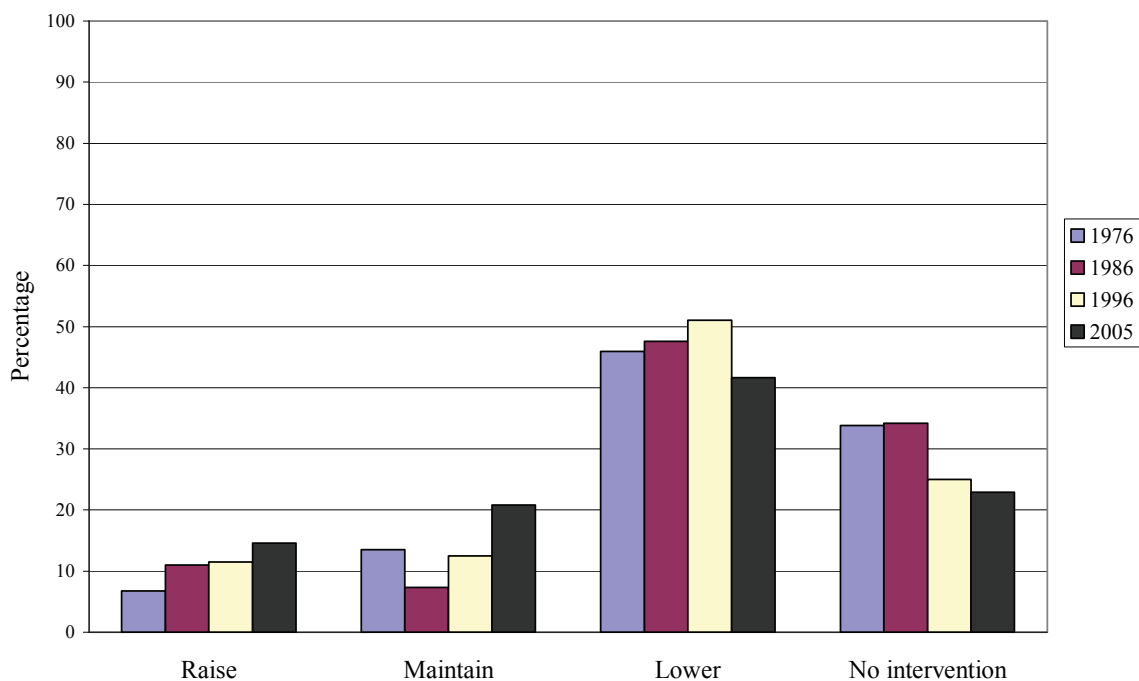
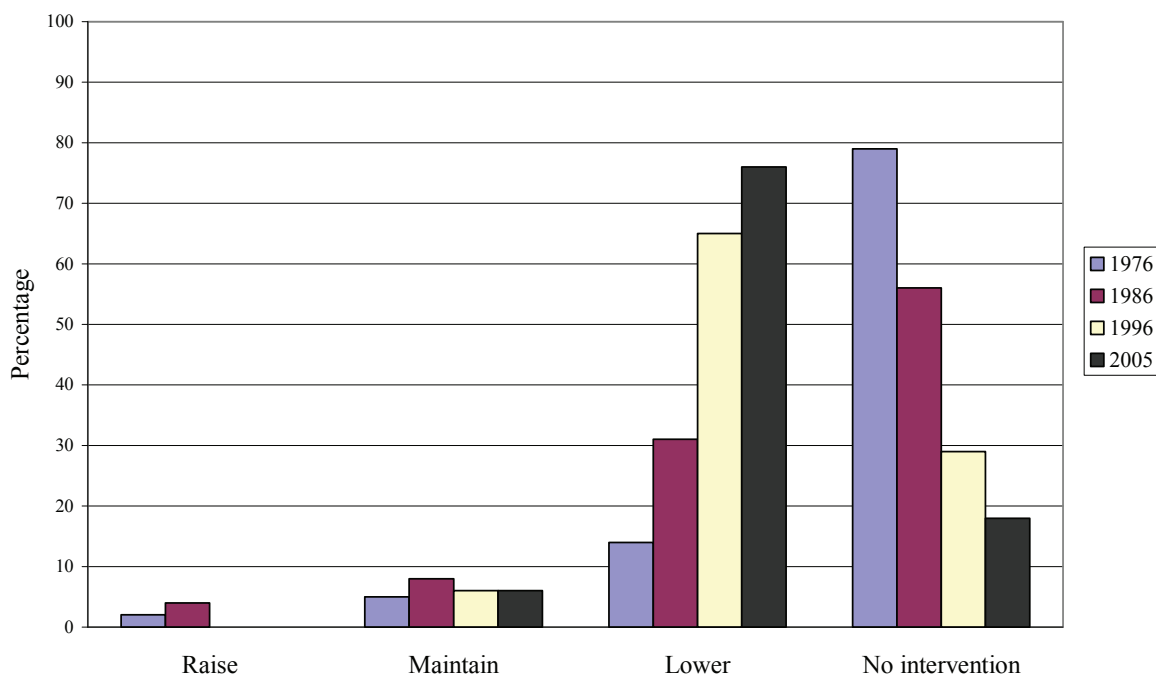
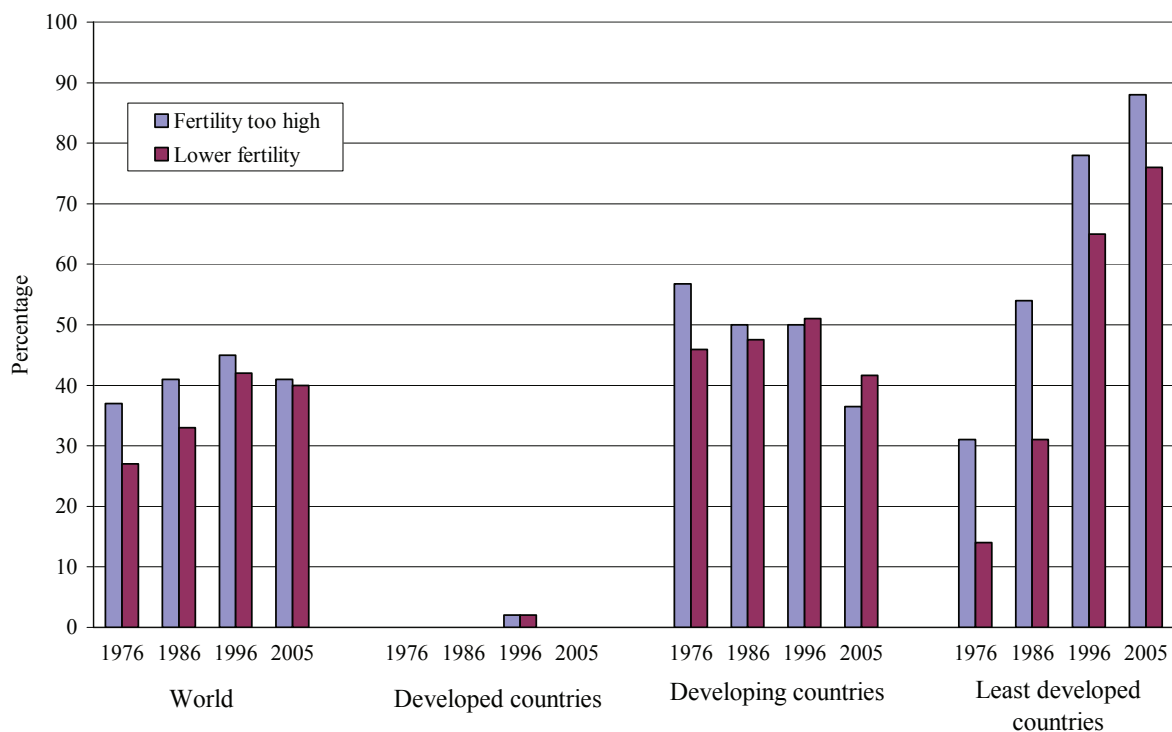


Figure V.8. Distribution of the Governments of the least developed countries according to their policies on the level of fertility

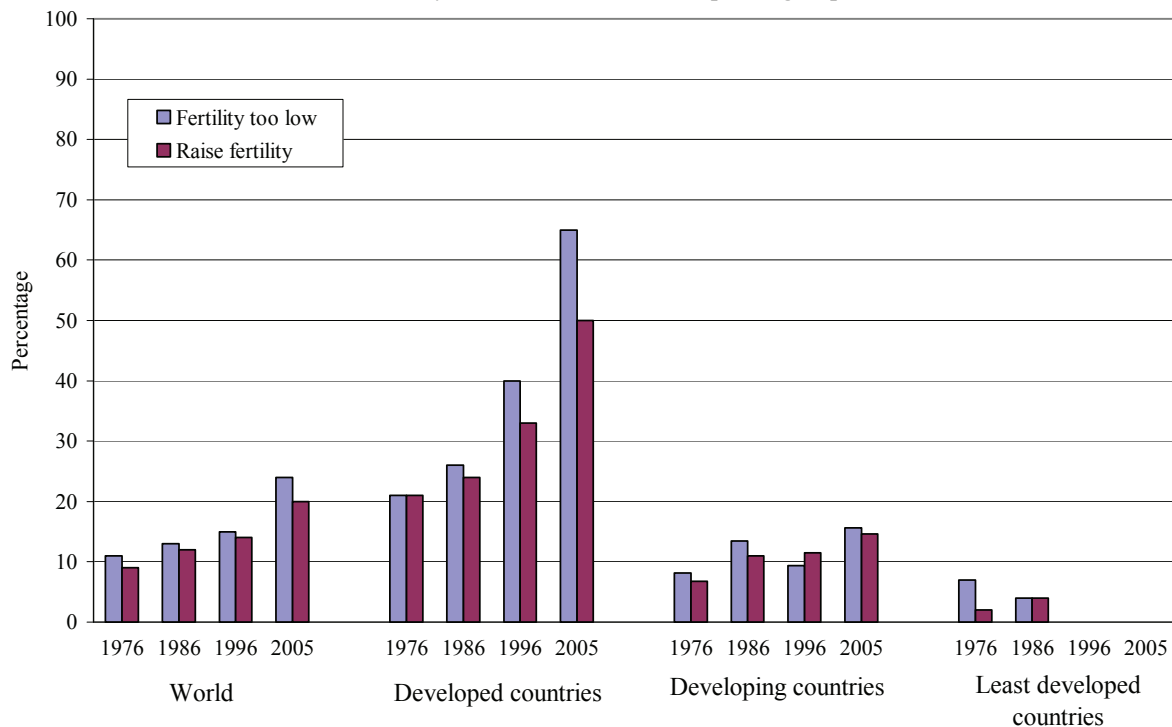


There are also other types of discrepancies between Government views and actions. Thus, the Governments of seven countries that had policies to lower fertility reported that their fertility levels were satisfactory. In addition, among developing countries there has been since 1996 a slightly higher proportion having policies to reduce fertility than the proportion considering fertility levels as too high.

**Figure V.9. Percentage of Governments that view fertility as too high and percentage with policies to lower fertility, the world and the development groups**



**Figure V.10. Percentage of Governments that view fertility as too low and percentage with policies to raise fertility, the world and the development groups**

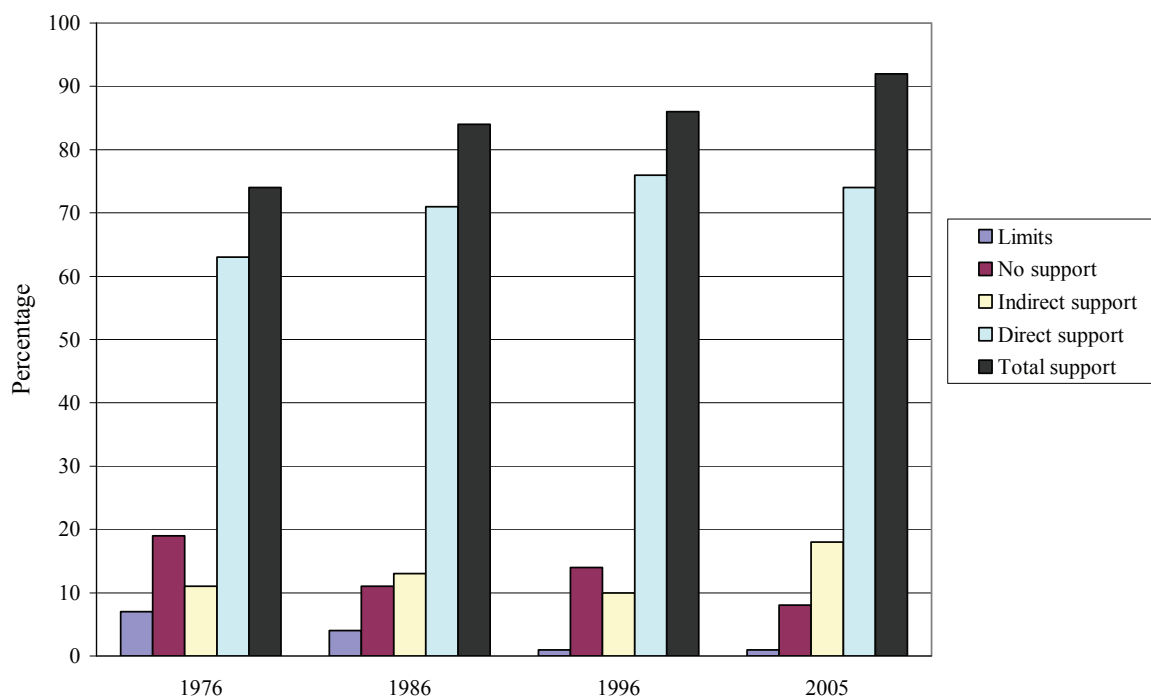


Governments considering that fertility is too low in their respective countries are also likely to have acted on that concern by adopting policies to raise fertility, but not always (figure V.10). At the world level, the proportion of Governments reporting fertility as too low has always been higher than the proportion reporting having policies in place to raise fertility and the discrepancy between the two was relatively high in 2005, largely because of differences between views and actions among developed countries. In 1976, 11 per cent of Governments considered fertility levels in their countries to be too low but just 9 per cent had policies in place to raise fertility. By 2005, 24 per cent viewed fertility as too low but just 20 per cent had policies to raise it. Governments holding the view that fertility is too low are mainly those of developed countries. In 1976, 21 per cent of the Governments of developed countries considered fertility to be too low and the same proportion had policies to raise fertility. However, by 2005, when 65 per cent of the Governments of developed countries considered fertility to be too low, just 50 per cent had policies to raise its levels.

### C. GOVERNMENT POLICIES ON PROVIDING ACCESS TO CONTRACEPTIVE METHODS

From the time of the World Population Conference in 1974, there has been an international consensus that, regardless of a country's overall demographic goals, countries should "respect and ensure ... the right of persons to determine, in a free, informed and responsible manner, the number and spacing of their children" (United Nations, 1975, para. 29). The Programme of Action of the International Conference on Population and Development (ICPD), adopted in 1994, reaffirmed 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" (United Nations, 1995, para. 7.4)

Figure V.11. Distribution of Governments according to their policies on providing access to contraceptive methods

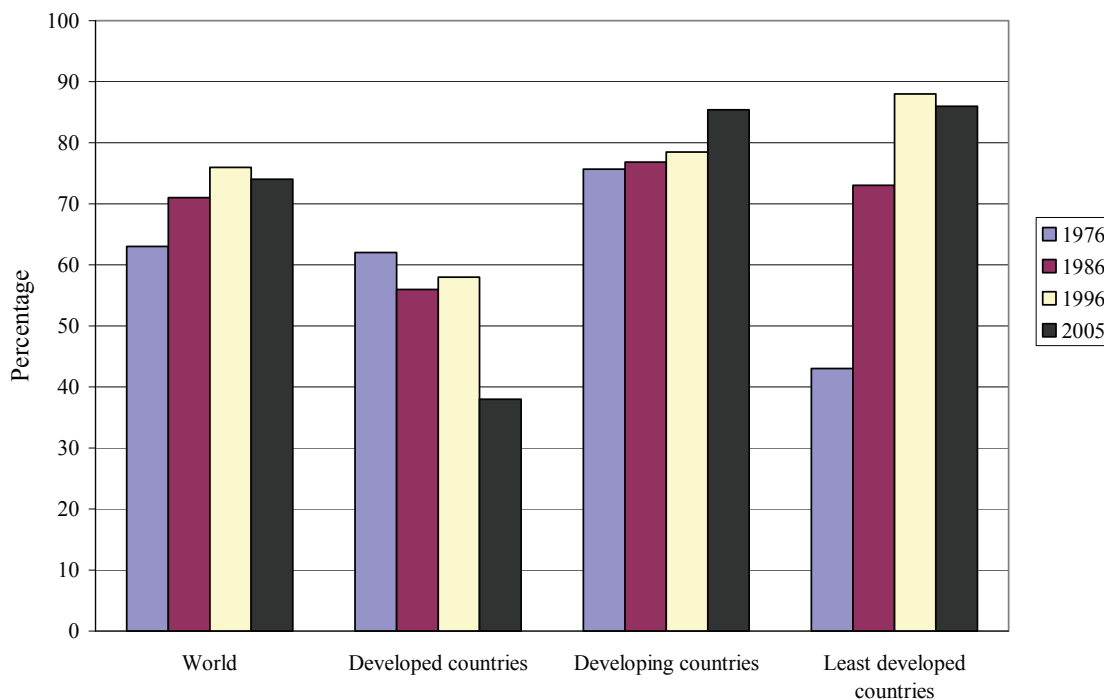


Access to contraceptive methods has been the crucial factor enabling individuals to control their fertility and have the number of children they desire. Only a handful of countries, never surpassing 10 since 1976 and dropping to one by 2005, have reported limiting or preventing access to contraceptive methods (figure V.11). Hence, there is very little official governmental opposition to allowing access to contraceptive methods. The crucial question, therefore, is the level of governmental support for the provision of contraception.

Since 1986, over 70 per cent of the countries in the world have reported that they provided direct support for access to contraceptive methods, meaning that contraceptive methods could be obtained through government facilities (figure V.12). However, that percentage fell slightly between 1996 and 2005, mostly because of a substantial drop in direct support among developed countries. In developing countries, support has been high and rising slowly since 1976. Importantly, direct support was far from universal among the least developed countries in 1976 and 1986, but it rose rapidly in the 1990s and, although falling slightly by 2005, remains high at 86 per cent.

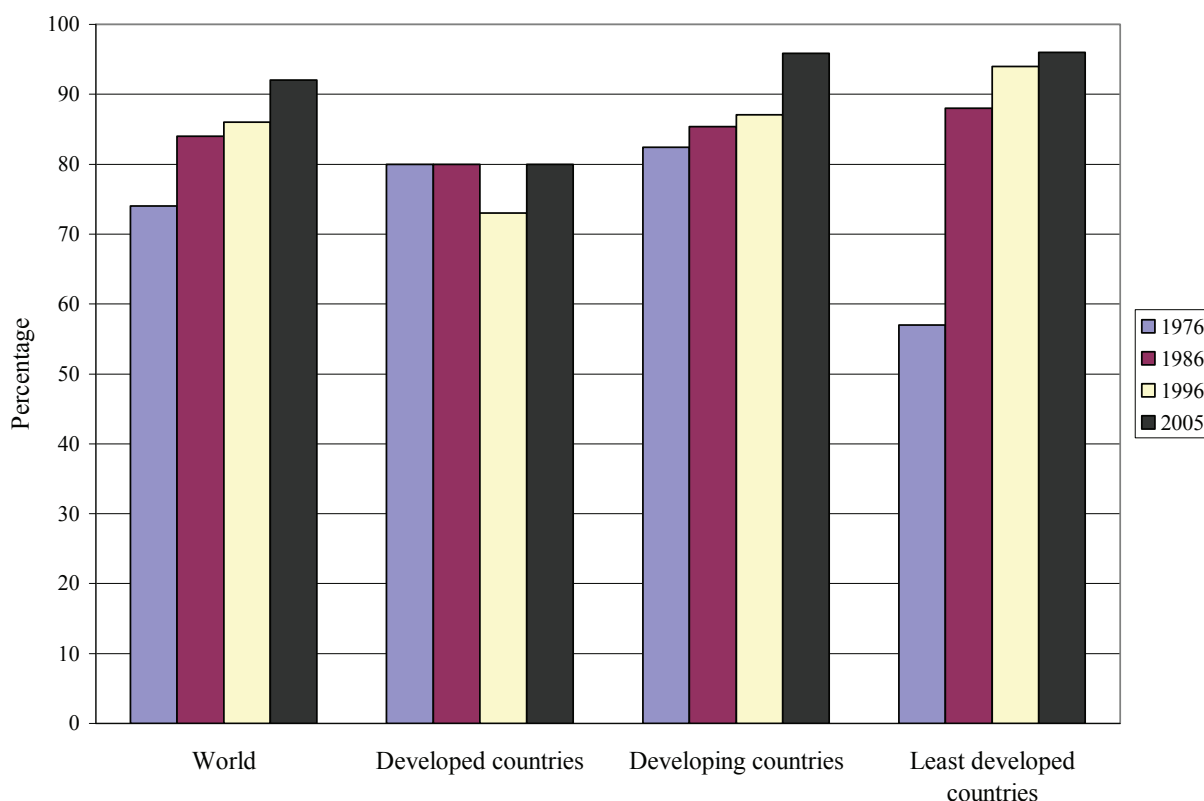
Governments can also provide indirect support for access to contraceptive methods by, for instance, supporting non-governmental organizations that provide family planning services. When countries that provide indirect support are combined with countries that provide direct support,<sup>2</sup> the proportion of Governments providing either direct or indirect support for access to contraceptive methods has reached well over 90 per cent by 2005, both at the world level and among developing countries and the least developed countries alike (figure V.13). Among developed countries, total support has consistently been at or near 80 per cent.

**Figure V.12. Percentage of Governments providing direct support for access to contraceptive methods, the world and the development groups**



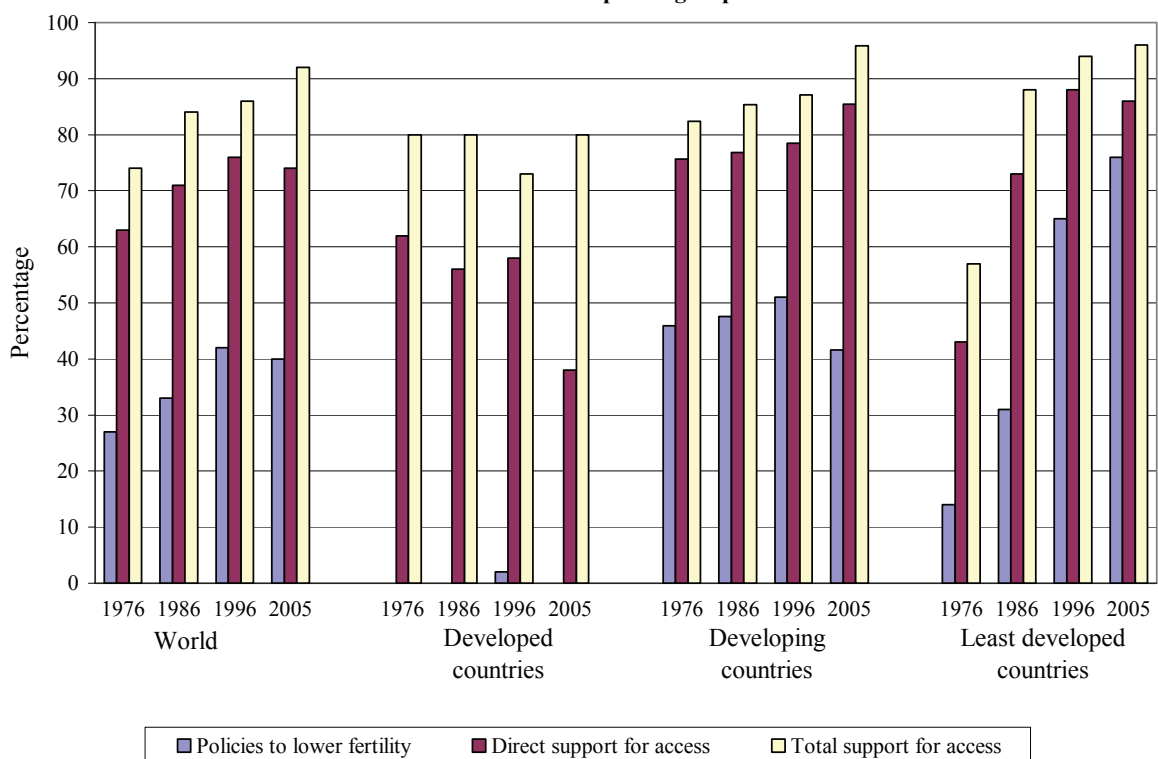
The proportions of countries providing support for access to contraceptive methods far outstrip the proportions of countries saying they have policies to lower fertility (figure V.14). Those proportions are also higher than the corresponding proportions of Governments reporting that fertility levels are too high (figure V.15). That is, it is not a concern about fertility levels that drives support for access to contraception. Indeed, in 2005, 16 countries whose Governments considered their fertility levels as too low also reported providing direct support for access to contraception (Barbados, Belarus, Croatia, Cyprus, Finland, Georgia, Kuwait, the Republic of Moldova, Mongolia, Portugal, the Republic of Korea, Romania, Serbia and Montenegro,<sup>3</sup> Singapore, Slovenia and Uruguay). Moreover, the majority of Governments considering fertility to be too low provided indirect support for access to contraception. Official policy was therefore congruent with the principles of the 1974 World Population Plan of Action and the 1994 ICPD Programme of Action and supported the right to have information about and access to contraceptive methods.

**Figure V.13. Percentage of Governments providing either direct or indirect support for access to contraceptive methods, the world and the development groups**

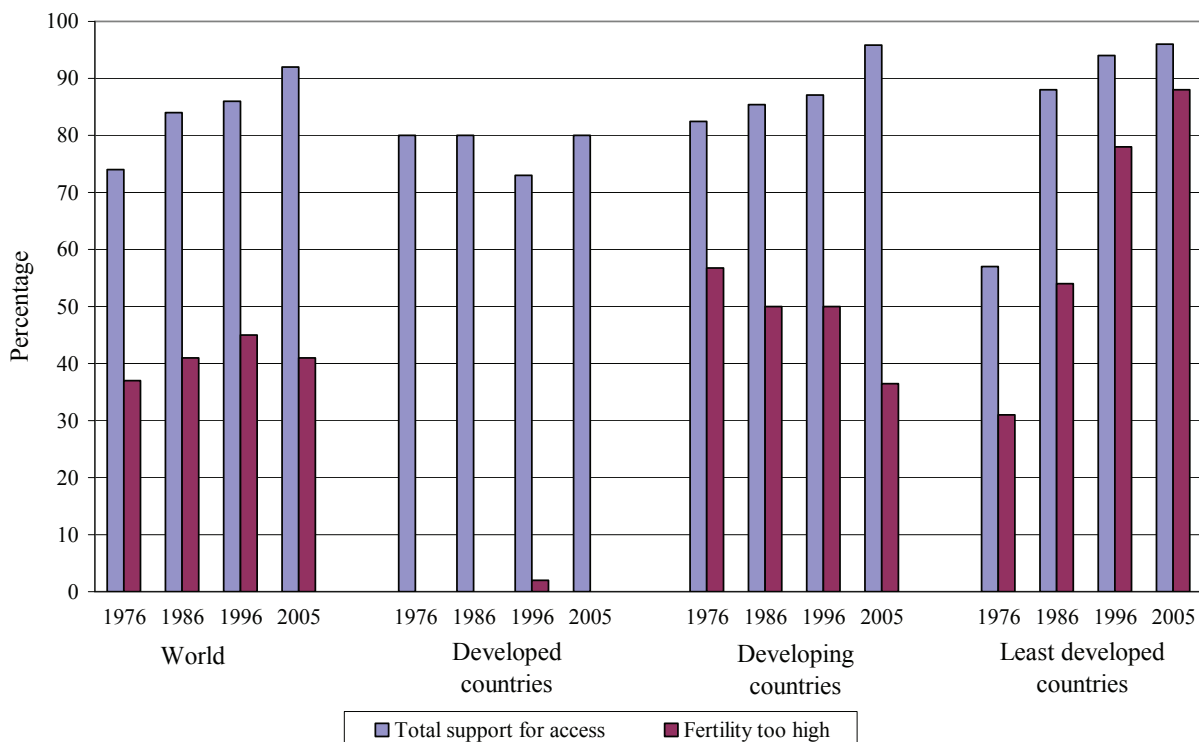




**Figure V.14. Percentage of Governments with policies to lower fertility, percentage providing direct support for access to contraceptive methods and percentage providing either direct or indirect support (i.e. total support), the world and the development groups**



**Figure V.15. Percentage of Governments that view fertility levels as too high and percentage providing either indirect or direct support (i.e. total support) for access to contraceptive methods, the world and the development groups**



NOTES

<sup>1</sup> The data discussed in this chapter refer to all countries answering the United Nations Inquiries among Governments on Population and Development conducted in 1976, 1986, 1996 and 2005. Therefore, the set of countries considered in this chapter is different from the sets considered in other chapters of this report. Responses to the inquiries were supplemented by consideration of official statements concerning population policies. Further discussion of the views and policies of Governments on fertility and family planning may be found in section VIII of United Nations (2006b). The countries answering policy inquiries numbered 150 in 1976, 164 in 1986, 193 in 1996 (189 on access to contraceptive methods), and 194 in 2005.

<sup>2</sup> In the United Nations questionnaire, the categories are mutually exclusive. That is, a country can be classified as providing indirect support or direct support but not both. Thus, the numbers and percentages can be added to give a figure for total support.

<sup>3</sup> On 3 June 2006, Serbia and Montenegro formally dissolved into two independent countries: Montenegro and Serbia. The data employed here were compiled prior to the dissolution and pertain to the combined area of the two countries.

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Printed at the United Nations, New York

10-33755—June 2010—2,000

USD 26  
ISBN 978-92-1-151473-5

